An Introductory Address,

Delivered at Queen's College, Birmingham, Oct. 1st, 1890,

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THE function at which I have been requested by the Council of Queen's College to assist on this occasion is, I believe, primarily to present the prizes which have been gained by students of the College, and then to deliver an address on some subject which may be appropriate at the opening of the session of a school of medicine. In connexion with the first part of the duty now required of me, I wish most heartily to congratulate all the students who have just received prizes and distinctions. From the high character which the Queen's College has attained as a place of medical education, I feel confident that these distinctions have not been gained without labour and effort on the part of those who have been successful, and that they well merit the honour which they have now received. By some persons the acquisition of knowledge is looked upon as its own reward. Titles, diplomas, distinctions, and prizes are regarded by them as excrescences, which ought to have no place in an ideal system of education. The personal pleasure to be derived from the pursuit of learning and science ought to be, they say, sufficient without extraneous recognition. Constituted as is, however, frail human nature, there are few amongst us who reach so high a standard of perfection as not to feel some satisfaction in having our work acknowledged in a more or less substantial form. The desire to show the world by some outward mark that excellence has been attained offers, moreover, a constant stimulus to exertion in our several spheres of activity, and I cannot but think that one's life would be the poorer if this and similar ceremonies in which one occasionally takes part were to be abolished. But in all such competitions as you have been engaged in, whilst there are some that have succeeded, there are others that have failed. To these latter I would also offer my congratulations, not because they have failed to gain the prize, but because they have tried to gain it. I will assume that they conscientiously worked and did their best to succeed. If I am right in this assumption, then they have profited much by the efforts they have made. They have increased their stock of knowledge, have strengthened their powers of application, and perhaps, as far as concerns their own intellectual training, have reaped as much profit as if they had gained the prize. A sluggish contentment is the enemy of all progress. Browning tells us that the value and meaning of life to each individual is to be measured by the passion, intensity and sincerity with which it is lived, and not by success or achievement.

> "Let a man contend to the uttermost
> For his life's set prize, be it what it will."

Without strenuous endeavour we are

> "Left in God's contempt apart,
> With ghastly smooth life, dead at heart."

Those of you who have been engaged in these competitions have reached a stage in your professional education in which you have gained experience in methods of work, and have acquired a knowledge of the subjects to be studied. But the month of October always brings to our medical schools a number of new candidates, of fresh aspirants to professional knowledge and distinctions. To these it will not be out of place that, as a teacher of some experience, I may be permitted to say a few words. In this, your present stage of life, one of the most fitting lessons to learn is that there is no royal road to knowledge. Nothing that is of value can be acquired except by a great expenditure of time and labour and personal effort. You will soon recognise that there are two sides to your education. The one essentially practical, in which you will study facts; the other, largely theoretical, in which you will have to weigh the value of opinions. The fulness of life has been said to consist in the balance between the flesh and the spirit, each of which has its allotted sphere. The fulness of medical education is in the due preservation of the balance between the theoretical and the practical. One of the first lessons that you will have to learn, and that your professors will have to teach you, is how and what to observe; how to train your senses to recognise closely and accurately the objects placed before you. By reading many books and by thinking over what you read, by taking voluminous notes of the lectures which you are attending, you may collect and arrange in the mind in a more or less orderly way a multitude of facts, and load, perhaps overload, the memory. You must undoubtedly read books and attend lectures, so that you may know what others have done in the various departments of your studies, and what the state of knowledge is in the different branches of professional training; how those who have gone before you have contributed to the progress of medicine as a science and as an art; how the present standard of knowledge has been attained, and what the direction is in which it may be extended and improved. But that which constitutes most essentially your own personal training is the cultivation of exact and careful observation—the power of perceiving and appreciating objects, facts, signs, and symptoms. When this power is acquired, you will then be in a position to diagnose disease, and you will have advanced some distance on the road to recommend a rational system of treatment. The subjects and methods of medical education have been in a more or less perfect way arranged to meet this great end. In the early months of your studies you will be required to pay attention to botany, chemistry, elementary physics, and it may be also to zoology and comparative anatomy. If these sciences be worked at in a proper spirit and with sufficient material for observation and study, the general properties of matter, the forms and appearances and structure of living things, the great principles which underlie the construction of organisms, and the forces which are at work within them, will have attracted your attention, and an important step will have been taken to place your special medical training on a broad and stable foundation of science. This, indeed, is the true reason why botany, zoology, and comparative anatomy are included in all well-devised schemes of medical education. One sometimes hears the question asked, Why should a medical student spend so many months in the study of these subjects, which have little, if any, direct relation to the treatment of disease, when his time might more fitly be spent in the wards of a hospital, or in otherwise attending the sick or hurt? I am one of the last to undervalue a thorough system of clinical training; but I hold that the best preparation for it is the cultivation of a scientific spirit and method, of the power of seeing things correctly, and of giving a proper interpretation to the meaning of what is seen.

After this preliminary training, the strictly professional education begins with the study of human anatomy. The student is now like a traveller about to explore a tract of country where he proposes to settle, or like a man who has bought a house for a residence, and at once applies himself to examine every nook and cranny of his new home. The shape and form of the human body and of its constituent parts are to be studied, their arrangement in relation to each other, their mutual connexions, their development and growth, are all to be inquired into. How is this to be done? The student must at the outset rely upon the written teaching of books and the oral teaching of his professors and demonstrators. But this in itself is not sufficient. He must explore the human body for himself; he must examine its topography and its structure, and this he can only do effectually by the labour of his own hands—i.e., by dissecting. He must test the statements made in his books, or what his teachers tell him, by his own observations, and satisfy himself that the parts are present of which he has read or heard, and that their arrangement and structure are what they are said to be. In this way he trains himself to observe and to compare his observations with those of others. And this not merely from curiosity, or as a general training in science, such as he would derive from the study of a plant or an animal; but by special and continued observation on that very organism of which it is his business to know the formation and structure, so far as has yet been reached by human knowledge. By this method of study the eyesight is brought in to aid the memory. The time and attention to be given in the manipulative work required to display the whole series of objects which occur in an anatomical region, or to follow out a bloodvessel or a nerve, also help to fix the parts in the memory. In this way the student gradually builds up in his own mind a picture of the human body as he has seen it in his own dissections, and so permanent does this picture become, as a consequence of continued work, that he can recall it in his after-life on occasions when an exact

knowledge of the disposition of parts in a particular region is of importance in the diagnosis and treatment of disease. The more minute his observation has been, the more carefully his dissections have been conducted, the more vivid and lasting will be the impression produced. This, indeed, is the reason why all anatomical teachers who have a true sense of the value and importance of their subject insist so strongly upon care in manipulative work and attention to minute details. For human anatomy is to be studied both as a collection of facts which are to be applied in practice and as a form of mental training in exact observation. A marked distinction must be drawn between genuine knowledge acquired by personal observation and work and the pseudo-knowledge which is got by cramming. Of the student who relies upon this latter method we may say that his last end is worse than the first. For he thinks that he knows his subject—perhaps he has passed his examination in it; but when he seeks to apply this supposed knowledge to the purposes of practical life, it vanishes from his sight at the time when it is most needed like a phantom, and his supposed proficiency in the subject is but as sounding brass and tinkling cymbal.

Physiology, the sister science of anatomy, is to be studied along with it. There is no branch of medical education in which greater progress has been made during the last thirty years both in the methods of research and of teaching. It has profited enormously by the application to its study of the experimental methods of the physicist, and although in some respects still highly speculative in its teaching, it has in others assumed the position of an exact science.

Having mastered, let us suppose, the most important facts and principles to be acquired by the study of the structure and functions of the human body in a state of health, you are then in a position, as regards mental preparation, to commence in an intelligent way the study of disease. You will have, under the supervision of your teachers, to see patients both in the wards of the large general hospitals of this city and in the out-patient department, and to examine the organs and parts of the body so as to detect the morbid changes which have taken place in them. You will have to attend the lectures and listen to the oral exposition of those of your professors whose duty it is to explain to you the signs and symptoms of disease, the cause of its production, its probable termination, and its method of treatment. But, further, you must supplement this oral teaching by reading good text-books and monographs. With the commencement of your work in the hospital you will at once begin to apply your knowledge of anatomy and physiology to the recognition of disease. If your training has been sound in these subjects, the meaning of many of the symptoms exhibited by the patients will be obvious to you without explanation, and the signification of many others will soon become apparent. The value, also, of the training in careful observation to which I have referred as so important in your anatomical studies will now become manifest. In clinical work, indeed, all your senses, but more especially touch, sight, and hearing, have to be brought into play. The more minutely and precisely that you can recognise morbid signs and appearances, the more exactly will you be ableto determine the boundary line between health and disease. The more acute your observation is, the more definite should be your diagnosis. Observation alone, however, does not make a great physician or a great surgeon, but it is the basis of excellence in our profession. For without careful and precise observation you have not the data to enable you to determine the seat of disease or the cause of its production, or to compare what you see in one case with what you have seen in others, or with your reading, or with what you have learnt from your teachers. Careful observation and comparison of cases with each other, combined with long-continued reflection—the employment, in short, of scientific principles and methods—have led, more especially during the present century, to a marked increase in our knowledge of the causes of disease, of the precautionary measures to be taken to prevent it, of precision in diagnosis, and of improvements in methods of treatment. If I were to name any group of diseases which has specially profited by the advances made during the last thirty years in the fundamental sciences of anatomy and physiology, I should select those of the nervous system. The much more accurate knowledge of the structure and functions of the brain and spinal cord which we now possess has enabled the physician to recognise symptoms which had previously had no value given to them, and a precision in diagnosis has been reached, on which in many cases methods of operative treatment have been based, that twenty, or ten, or even five years ago would not have been supposed possible.

Previously to my appearing here to address you this evening, under the guidance of Dr. Heath, the learned Principal of Mason's College, and of Dr. Windle, your most energetic and capable Dean of the Faculty of Medicine, I have visited the colleges and medical institutions in which you will have to receive your professional training. I have satisfied myself that the educational material for affording you instruction in the scientific and practical work of your profession which is placed at your disposal in this city is most efficient. The hospitals provide an abundance of beds and patients, and the school is organised on a comprehensive basis, with an adequate staff of teachers, with museums, laboratories, and such other appliances as are required in the modern treatment of medicine.

In this connexion I may be permitted to look back for a moment into the history of the College and of the Birmingham School of Medicine. The first attempt at the teaching of medicine was made in this city in 1825 by Mr. William Sands Cox by the delivery of a course of anatomical lectures. In the selection of this subject he recognised the true basis of all medical teaching, and, unconsciously it might have been on his part, he imitated what had been done in Edinburgh at the beginning of the last century, when the great School of Medicine in that city was founded. In two or three years lecturers on other subjects were associated with him, and, although the number of students was at first small, the School of Medicine and Surgery at Birmingham slowly assumed a definite position in the district. Through the liberality of the Rev. Dr. Warneford it acquired largely endowments for various purposes. Buildings and equipment were also provided, and in 1845 the Queen by Royal Charter conferred the name of the "Queen's College" on the institution. Since that time, after undergoing various turns of fortune, the Medical School has become strengthened and consolidated, and the foundation of the Mason's College of Science, which was opened in 1880, has placed within the reach of students of medicine in Birmingham the opportunities of acquiring a sound education in the preliminary sciences. Such is a brief narrative of the rise of your school. Is there any lesson to be derived from it? I think there is. It is one of several instances not unknown in this country where great educational institutions have taken their rise from very small beginnings, have thriven and prospered by the enthusiasm and public spirit of individuals resident in the locality itself, and have owed little or nothing to the State. It is astonishing, indeed, when we survey our great educational institutions, how small a part the State has taken in their inception. Almost all have arisen through private enterprise, and not unfrequently through the enthusiasm and liberality of one or a few persons. When the institution thus formed has given a satisfactory record of good work either executed or in process, it gains the confidence of the community in which it is placed, other public-spirited persons make it the object of benefactions, its educational machinery is improved and extended, students flock to it from all quarters, and it becomes of more than local importance. In this, as indeed in so many other departments of human industry, our country presents a striking contrast to what we see on the continent of Europe, where the universities and great schools are under the close supervision of a Minister of Education and a Government bureau. To place our universities and colleges under the control of a Government office would be an administrative arrangement which I, for one, have no desire to see imitated in this country. I believe that State control has a tendency to crystallise the educational institutions which it administers, to cramp their expansion, and to deprive them of that elasticity which is necessary in order that they may adapt themselves to the progress of science and learning. I think that all educational bodies are better administered by those who are themselves practically engaged in educational work, together with such an admixture of persons possessing public spirit, administrative capacity, and business habits as may be required for managing their funds, providing more money, more buildings, and more appliances when they are needed. Such an administrative body is, I believe, much to be preferred to one consisting of officials in a Government office, having no special knowledge

of the subjects or methods of education, or acquaintance with local requirements. But there has been a stage in the history of many great educational bodies when the interference of the State has become, one may say, almost a necessity, when the head of the State has had to step in and by Royal Charter confer upon an institution powers which without his or her interference could not be obtained. If we compare England with many neighbouring States, we find as regards the number of Universities and the proportion which they bear to the population marked differences. For example, Belgium, with a population of about six millions, has four universities; Holland, with about five millions of people, has a similar number; Switzerland, with a population of three millions, has also four universities; Germany has at least twenty universities; France, profiting by the bitter lesson which she learned in 1870, has since that date been largely expanding her university system. When we come nearer home, we find that Scotland, with a population scarcely so numerous as London, has four universities. Even before the Reformation, when her population was poor and scanty, Scotland had three universities, and in 1583 an addition was made to the number by the foundation of the University of Edinburgh. No one can doubt that the establishment of universities in so many parts of the country, so as to bring the higher education within reach of the people, and the institution of the admirable parochial school system at the time of the Reformation, have contributed largely to the development of the intellectual and material wealth both of Scotland as a whole and of individual Scotsmen.

When we look to England we note a remarkable difference in the relation between the number of universities and that of the population. It is astonishing how long and deep the conviction was rooted in the English mind that the two renowned universities, Oxford and Cambridge, were sufficient for the needs of the people. It is, indeed, the more astonishing when we remember that they were organised and administered largely on an ecclesiastical basis, and that though they gave a general education of the highest order, yet, until comparatively recent years, they provided scarcely any special professional training except for clergymen and schoolmasters. It has, indeed, been argued, and by very eminent men, that the universities should content themselves with the position of being schools of general culture, and not superadd to this part of their functions the training required for particular professions.

About the beginning of the second quarter of the present century people awoke to the necessity of providing additional facilities for obtaining a higher education than could be given in Oxford and Cambridge and in the public schools. In the year 1832 the Bishop of Durham, in association with the Dean and Chapter, obtained an Act of Parliament to empower the appropriation of certain of the revenue of the see for the establishment of a university in that diocese, so as to meet the wants of the large and growing population in the north of England; and in 1837 a Royal Charter of Incorporation was granted to them. At first all that was intended in the establishment of the University of Durham was to provide a general academic education and a course of theological study, but as years have passed on the University has extended its area, and has brought into close connexion with itself both the School of Medicine and the College of Physical Science which have been established at Newcastle-upon-Tyne. These latter institutions, therefore, have practically become colleges of that University, take a part in its government, and educate for its degrees. Educational institutions elsewhere have also been affiliated to it.

When this movement took place in the north of England London also was bestirring itself to obtain improved educational arrangements, and had it not been for ecclesiastical and political difficulties a teaching university was on the high road to becoming established in the metropolis. Owing, however, to opposition proceeding from various quarters the original scheme fell through, and there arose in its place by a Royal Charter, granted in the first year of the reign of our gracious Queen, the institution which we all know as the University of London. This University in its constitution and duties was founded on an entirely new basis, one quite distinct from tradition and previous experience. Instead of being both a teaching and degree-conferring institution, it was organised as a mere examining board in several faculties, and the members of its Senate or governing body were drawn from a wide circle. Colleges and institutions of all kinds which in the judgment of the Senate came up to a certain standard of efficiency in education were affiliated to it, and it has gradually acquired the position of a national examining board. But the divorce of the teaching from the examining functions, which was an essential part of its constitution, led in the course of time to many complaints, more especially in the great counties of Lancashire and Yorkshire, where educational institutions vigorous in their growth and efficiency had within recent years been founded, but which had no share or voice in the administration of the University and in the appointment of its examiners. So clamorous was the demand on the part of these institutions for a restoration of the touch between the teaching and examining functions that the agitation ended in a Royal Charter being issued in 1880 for the foundation of a Victoria University. Power was granted to this new University to admit as colleges of the University such institutions as possessed a proper staff of teachers, adequate endowments, buildings, and teaching appliances, not only for giving instruction in medicine and science, but in the great branches of general education. The Owens College, Manchester, which had led the agitation, was sufficiently provided with the necessary staff, funds, and appliances to at once take advantage of the powers conferred by the Charter, and after an interval Liverpool and Leeds placed their colleges on an adequate basis and became members of the federation. Each of the colleges, and to some extent the towns in which they are situated, are represented on the governing body of the University.

England, therefore, now possesses four teaching and degree-giving universities, and one the sole duty of which is to examine and confer degrees. With its teeming population, its huge industries, so many of which owe their existence and their possibilities of expansion to the progress of science, with its intellectual life, quickened and propagated by the diffusion of knowledge, and the spread of education under the Education Acts which Parliament has passed during recent years, England, at this time, so far as regards the number of her universities, stands only on the same plane as Holland, Belgium, Switzerland, and Scotland, with their comparatively limited populations, and on a much lower platform than Germany. But there is one part of England from which a cry has gone up long and loud for an extended university system, and that is the metropolis itself. London is the only great capital in Europe in which there is no teaching university. London undoubtedly possesses teaching institutions in great numbers, in many faculties and of the highest efficiency, but they are independent institutions and have no organisation in common. Although individual members of these teaching institutions may be, and undoubtedly are, to some extent, members of the Senate or governing body of the University of London, yet the institutions in which they are teachers have not in their corporate capacity any voice in the adjustment of the curriculum of study, in the appointment of the examiners, or in the conduct of the examinations. The demand for a change in the existing arrangements for the higher education in London became so clamorous that a Royal Commission was issued two years ago to inquire whether any or what kind of new university or powers is or are required for the advancement of higher education in London. In taking evidence the Commission seems to have restricted itself to obtaining the opinion of eminent persons connected with various Colleges and institutions in London, and not to have sought the advice of persons engaged in education elsewhere. The commissioners apparently were forgetful of the fact that if the reform was to be carried out, as indeed they have suggested in their report, by a change in the constitution of the national examining board called the University of London, the matter ceased to be a purely London question, but that many institutions outside the metropolitan area had an interest in it nearly if not quite as strong as those in London itself. So complicated did the commissioners find the question which was submitted to them that they have in the meantime practically thrown the onus of unravelling the puzzle on the Senate and the Convocation of the University of London, and they suggest that, if those bodies together cannot solve the problem, it be remitted to them for further consideration and report. Should the final resolution be the foundation in London of a teaching and degree-conferring university, entirely distinct from the existing University, and with the numerous educational institutions within the metropolitan area federated to it, then by all

means give to these institutions a dominant voice in its government. But should, as the commissioners evidently prefer, no new university be founded, but the existing University of London be so modified in its constitution as to make it a teaching university for the metropolis, whilst it admits to its examinations and degrees all qualified students, wherever they may be educated, then both the provincial Colleges and the present graduates will have to be heard. The provincial Colleges may reasonably claim that in adjusting the details for the government and administration they should have a voice in questions connected with the arrangement of the curricula of study, the scope and method of examination, and the appointment of examiners, in all of which they would have as direct an interest as the metropolitan Colleges themselves. The existing graduates should insist that the standard of examination should be efficient, and that the cry which one sometimes hears of degrees on "easy" terms for London students should not be listened to. But if the reasonable requests of the provincial Colleges be not met in an equitable manner, it will be for them to reconsider their position. If I read the Charter of the Victoria University aright, the Colleges which it has the power to receive into the federation are not restricted to such as are situated in the north of England, but may be localised anywhere in England and Wales, the essential conditions being that they have an efficient staff of teachers, and that the means and appliances for teaching are on a sound basis. The Charter therefore is so wide that Birmingham and other great cities may, if they think fit, claim to have their Colleges admitted members of the federation under the central authority of the Victoria University when they are able to fulfil the conditions imposed by the Charter of that University.

But it is possible that Birmingham may have a higher ambition. It regards itself as the capital of the Midlands, and has good grounds for assuming this honourable distinction. It is a great industrial metropolis. Although the intellectual activity of the district has in many cases taken a political direction, yet since the middle of the last century, when Priestley lived here, Warwickshire and Staffordshire have been the home of many men of light and learning. As the history of Queen's College teaches, much practical sympathy has been shown to the cause of professional education, and the foundation of Mason College proves that your great manufacturers are willing to give freely of their wealth to promote the higher education in literature and science. Birmingham therefore fulfils in many respects the conditions which should precede the granting of a Royal Charter for the conferring of university degrees and privileges. But much more would have to be done before a university worthy of the Midlands could be established on a proper basis. So far as I can judge from a perusal of the calendars of your Colleges there is no provision for the teaching of history, of mental or moral philosophy, and of economics; all of which subjects are powerful instruments in the development of the human mind, and without which a faculty of arts cannot advance much beyond the standard of a high school. Your faculty of science is much more complete, but even here there are gaps which would need filling. There is no trace of a faculty of law; but that of medicine, as I have already stated, is organised on a satisfactory basis. It is possible also that there may be other difficulties and hindrances of a local nature which might have to be removed.

What is, however, needed to put your educational institutions into the highest state of efficiency, as was so powerfully and eloquently urged yesterday by Dr. Dale at the opening of the Mason College, is more money. Money is the sinews of education as well as of war. The higher education is an expensive luxury. By a large outlay your educational institutions have become what they now are; and by a further expenditure all the deficiencies to which I have just adverted may be supplied. Competent teachers can always be got if the public will properly pay them, and the materials required for extending your buildings and giving them a proper equipment follow the usual laws of supply and demand. When I tell you that the people of Edinburgh and the district raised, not many years ago, by public subscription £160,000 for the building and equipment of a new school for the teaching of medicine in the University in that city, I show you what can be done when people are satisfied that a necessity has arisen and that funds must be provided. I cannot therefore but think that if Birmingham and the populous district which surrounds it, abounding in resources and in public-spirited citizens, wish for a university to be established in their midst, the money necessary for the purpose will be forthcoming. Two great requisites are needed for carrying out any great scheme of improvement, either in education or any other form of human enterprise—viz., faith and courage: faith in the goodness of the cause, and courage to make your belief known and to press it on the attention of the public.

We read that Matthew Boulton, when he founded his great manufactory at Soho, in the middle of the last century, aimed at establishing a character for the excellence of his productions. They were to be, says Mr. Smiles, "not only honest in workmanship but tasteful in design." The citizens of the present day will in their educational work, I feel sure, not wish to fall behind Boulton's ideal. The instruction to be imparted in their colleges they will desire to have sound and thorough, not scamped or dressed up with a little varnish or thin veneer, but honest and true, and with a grace and polish superadded which can only be imparted by a literary training and culture. Students would then be attracted to Birmingham for the same reason that brought James Watt here more than a hundred years ago, because they would have at command a staff of skilled workmen, and could feel confident that they could rely on the quality of the workmanship.

The multiplication of universities in a country to an extent sufficient to satisfy the requirements of the people develops in the districts in which they are situated a desire for learning, it improves the intellectual tone of the locality, and encourages the aspiration for something higher than material welfare. But further, in matters strictly educational, it preserves the touch between education and examination, which, from the point of view of one's own profession, is of the utmost importance. It is not so many years ago that the medical profession in many parts of England raised for itself a fetish which was called the one-portal system, a method of admission to the privileges of practice which, had it ever come into operation, would have widened the breach between teaching and examination to an extent much greater than now prevails. It would, I believe, have discouraged healthy and legitimate study, and would have encouraged a wholesale system of cramming. Fortunately for the future of our profession the cry for a single examining board, either for the whole kingdom or for each division of the kingdom, has practically ceased. We may date its cessation from the passing of the Medical Act of 1886, when increased statutory powers were given to the General Medical Council for the inspection of examinations, and when the medical profession was empowered by a direct vote to elect representatives on the Council. Should a university in the course of time be established in the Midlands, with Birmingham as its centre, one may be confident that the examinations in medicine which it would conduct would fulfil all the conditions which the Medical Council might demand, and that the educational stamp imposed upon its graduates would rank as high in the intellectual world as do the most perfect products of its manufactories amongst the industries of the British Empire.

TREATMENT OF COMPLETE PROLAPSE OF THE RECTUM.

BY HARRISON CRIPPS, F.R.C.S.,
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PROLAPSE of the rectum is the descent of a portion of bowel in a healthy state, and must not be confused with hæmorrhoids, which are chiefly due to a morbid condition of the terminal vessels. The prolapsing portion of bowel may in time become thickened and ulcerated, but this is merely a secondary result. Prolapse may be divided into two varieties—the partial and the complete. In the former the mucous membrane is alone extruded, gliding away from the muscular coat by the stretching of the loose fibrous tissue connecting the two. The complete prolapse is the turning inside out of the lower part of the bowel involving all the coats. Partial prolapse is necessarily of a limited extent, seldom involving more than an inch or two of the membrane. In the complete variety the extent is unlimited, and not

infrequently a hernial pouch is formed into which small intestine may descend. It is not proposed in this communication to consider the treatment of the common partial prolapse, for this can be easily cured by appropriate operative measures, but rather to discuss the rarer but more serious condition of complete eversion of the bowel. Complete prolapse may occur at any time of life from infancy to old age. It is generally the result of undue straining, though occasionally caused by a polypoid growth. In children, in addition to straining, the disorder is often coincident with some weakening illness, causing absorption of the fat in the ischio-rectal fossæ, together with the relaxation of the muscular fibres of the part. Stone in the bladder and phimosis are not infrequently causes of prolapse in children, while occasionally in advanced life it is secondary to chronic constipation, stricture, enlarged prostate, or displaced uterus, any of which may produce injurious straining efforts. A prolapse may occur suddenly, but more frequently it is of a slow formation, slight at first, and gradually increasing. According to my observation, I should say that it is generally a sudden formation in children, but a gradual one in advanced life; occasionally, however, an extensive prolapse may suddenly occur in adults. As an example of this I have recorded a case occurring in St. Bartholomew's Hospital, where a protrusion the size of a child's head appeared suddenly at stool in a woman who had been previously perfectly healthy.

The mechanism of prolapse requires some consideration, for it is upon the knowledge of this that successful treatment is founded. It seems probable that the starting-point of complete prolapse arises in the first instance from the sliding of the mucous on the muscular coat, for it is an undoubted fact that if the two coats can be made firmly adherent the prolapse is generally cured. The first effect of this sliding would be to produce a reduplicated fold of mucous membrane, and that such a fold is formed can be readily ascertained by a digital examination. If the patient be told to strain down loose folds of mucous membrane can be felt crowding down on to the finger, and such folds will first protrude from the anus, but are quickly followed if the straining effort is continued by complete eversion of the gut.

The evidence that is occasionally afforded by a polypus of the mucous membrane is in the same direction, and shows how an intussusception of all the coats can be produced by a loosening of the mucous membrane at a particular point, for polypi almost invariably cause a reduplication of the mucous membrane at the point of their attachment. It would seem as if the mucous membrane is so loosely attached to the muscular coat as to slip away from it, forming a reduplicated fold, that the bowel will not only be dragged upon by the pressing downwards of the fold, but at this part the gut will be thinned and weakened by the loss of support which a firm mucous membrane would naturally have afforded, and thus a starting-point will be made for a general invagination. As an analogous illustration the finger of a glove may be taken, where, if an invagination is produced, it will start opposite one of the creases where the leather has become thinned. The symptoms produced by complete prolapse vary considerably. In some cases very little trouble is produced, while in others the greatest distress is caused. In many cases, after awhile, complete incontinence of fæces will result. In others the prolapsing gut is liable to ulceration, with all its concomitant symptoms of discharge and diarrhœa, while in every case the patient is subject to the danger of the prolapse becoming suddenly strangulated and irreducible.

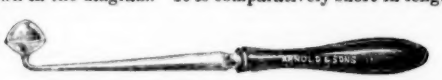
Treatment.—This is best considered, first, as regards the method of returning the prolapsed and strangulated bowel in an acute case; and, secondly, as to the means of cure in chronic cases. As a rule, there is not much difficulty in reducing a prolapsed bowel, which can be accomplished by covering the protruding part with vaseline and gently pressing upon it with the tips of the fingers of both hands. It sometimes happens that it cannot be reduced on these easy terms, for, owing to the contraction of the sphincter, the protrusion has become greatly swollen. All manipulation in these cases should be very gentle, for fatal consequences have followed violence in replacing the intestine. Cruveilhier and Roche each mention such a fatality. In Roche's case, whilst the reduction was being attempted the patient made a violent straining effort, causing the rectal wall suddenly to split, and through the rent the whole of the large and a considerable part of the small intestine were extruded, the patient dying in a few hours. If the protrusion be strangulated, the patient should be placed under an anæsthetic and the sphincter gently stretched. In one case in which I had considerable difficulty in replacing the bowel I found the following manipulation useful. A strip of lint was wrapped round the index finger, the point of which was placed in the protruded canal of the gut, which was gently pressed upwards. The piece of lint being dry stuck to the mucous surface, enabling it to be carried up with the finger. The finger, which had previously been oiled, was then withdrawn from inside the lint, which was temporarily left within the bowl. It is not, however, with these acute cases that the surgeon generally has to deal; for he is far more frequently consulted as to the best method of treating chronic cases. While here, again, the degree of the prolapse, the trouble it occasions, and the age of the patient must be taken into consideration. The treatment may be palliative or operative.

Palliative treatment.—This is often very successful in children. Attention should first be directed as to whether there is any condition present, such as phimosis or stone, causing undue straining; or whether the rectum is the seat of any polypoid growth. Assuming none of these are present, the ground is cleared for rational treatment. If the child is thin, plenty of good food, milk, and cod-liver oil, will help to restore the cushion of fat in the ischio-rectal fossæ, the absence of which doubtless facilitates the descent of the bowel. If in children prolapse can be prevented for two or three months, it will generally happen that the cure is effected by natural means—presumably by the attachments of the gut having time to become shortened, and consolidated. To obtain this desirable result, great care must be taken to prevent the motions becoming constipated. This can be generally attained by cod-liver oil and diet, while the position in which the child passes its motions is a most essential point. It must on no account be allowed to sit up to do so. The motion must be passed as the child lies on its side on the edge of the bed. If, while in this position, at the moment the motion is passing the mother or nurse will draw one of the buttocks upwards so as to pull the anus a little out of the middle line, it will almost certainly prevent the prolapse from coming down. After the motion the child should be kept lying on its side for some minutes, when a pad and a T-bandage should be firmly applied. This need not be worn for more than an hour or two. If the foregoing measures are adopted, operative measures rarely become necessary in children.

Palliative treatment in the adult is much less satisfactory than in children, and seldom succeeds in effecting a cure. Nevertheless, it may be right to give it a trial before adopting other means. The treatment which, with some slight modification, was long ago advocated by Brodie may be tried, but benefit cannot be expected unless it is pursued for some months. The patient should be cautioned against all straining, and should turn over on the side as far as practicable whilst passing a motion. A small injection of eight ounces of warm water should be given before going to the closet, while after the motion is passed one ounce of quite cold water may be injected and retained, acting as a local muscular stimulant. If there be any superficial ulceration on the prolapsing bowel, a drachm of tincture of catechu may be added to the cold water.

Operative treatment.—Many cutting operations have been devised, varying from the removal of small portions up to the complete excision of the entire mass. Speaking generally, the partial removals have not been efficient. The most recent advocate of complete excision is Mr. Frederick Treves, and any opinion expressed as to its value by this eminent surgeon demands respectful consideration. Mr. Treves, as is well known, is no advocate for specialism in surgery, but those of his professional brethren who have devoted some attention to the part under consideration naturally look critically upon a procedure involving removal of the entire organ. That complete excision may occasionally be the only method of effectually dealing with a severe case is possible, but before advising such a procedure two points have to be considered: the one, the risk involved in the operation; the other, the probability of effecting a cure without producing a stricture. It requires but slight insight into the principles of surgery to know that six or eight inches of prolapse involving the opening of the peritoneal pouch, probably containing small intestine, cannot be removed without an appreciable risk to the life of the patient. As to the chance of a stricture following the operation, there is not sufficient evidence at present on which to form a reliable opinion, but that it may

occasionally do so is certain. Of course it is not asserted that either the risk to life or the chance of a stricture prohibits excision for the relief of so distressing a condition as is produced by an extensive prolapse; nevertheless it makes it incumbent to defer the operation until remedies of a less severe nature have proved a failure. In the linear cautery we have an alternative operation, founded upon sound physiological principles, and one in which the risk is inappreciable, while the result is generally most satisfactory if sufficient care is taken in the subsequent treatment. If the *rationale* of this method is to be properly understood, it must be remembered what has already been said with reference to the mechanism of prolapse, and how it appears to be primarily produced by the slipping of one coat on the other, together with a want of sufficient rigidity in the walls to prevent invagination. The indication for treatment is to find some plan binding the muscular and mucous coats together, so as to prevent this initial slipping, while at the same time, if a certain amount of thickening can be produced so as to give a little extra stiffness to all the coats of the bowel, invagination becomes mechanically more difficult. The necessary conditions can be fulfilled by exciting inflammation in the submucous tissue. The exudation thus produced cements the two coats more firmly together, preventing sliding, while at the same time it affords an increased stiffness to the whole bowel. The actual cautery, as advised by Van Buren, is an admirable means of exciting the necessary inflammation. The method of operating is as follows: The bowels having been thoroughly cleared out, the patient, being under an anæsthetic, is placed in the lithotomy position. With a little manipulation the prolapse can be generally made to protrude. Four lines of cautery are now drawn along the bowel in its long axis, one in front, one behind, and one on either side. It should be managed so that these lines commence well within the canal of the bowel at the apex of the protrusion, and terminate at the anal margin. The width of the lines should be about a quarter of an inch, and their depth such as thoroughly to sear but not actually to destroy the mucous membrane. The lines of the cautery are pretty sure to cross one or more large dilated veins. These should be tied on either side of the lines, a needle threaded with silk being passed beneath them. The whole operation should be done pretty quickly, and the bowel returned, otherwise congestion and swelling will make its reduction difficult. If the prolapse does not protrude at the time of the operation, the lines of cautery can be drawn along the bowel *in situ* by using a full-sized duckbill speculum, shifted as required for each line. Paquelin's cautery is not suitable for the purpose, for it is too hot when first applied and cools too rapidly. The instrument I employ is similar to that shown in the diagram. It is comparatively short in length,



so as to admit of easy manipulation, and is made with a conical head, half an inch in diameter, bent at right angles. The shaft at the bend is made thin so as to prevent the heat being transmitted to the handle. Two of these irons are required, heated over a large spirit lamp, and used alternately. A thick indiarubber tube, with a third of an inch calibre, seven inches in length, is passed up the bowel for about five inches. Strips of oiled lint are then arranged round the interior of the bowel extending as high as possible. Cotton-wool thoroughly well dusted with iodoform is then evenly and carefully packed into the bowel between the tube in the centre and the oiled lint on the sides. This gives a firm, even support to the lower few inches of the bowel, while the escape of flatus &c. is provided for by the tube. The support thus afforded at an early stage is, I consider, very material. The success of the operation depends on the care that is taken to prevent the descent of the bowel during the early stages of healing before the adhesions have become firm. After forty-eight hours the whole dressing is gently removed, the part thoroughly washed, and a clean dressing replaced. The desire to strain has generally passed off by this time, and it does not seem necessary to pass the dressing far up the bowel. After the first few days internal dressings can be dispensed with, but the tube, cleaned daily, is kept in for ten days or more. It allows the easy passage of flatus without straining effort. By a small nightly dose of opium the bowels can be kept confined for ten days. Small doses of castor oil can then be given together with an enema if necessary. The patient must on no account sit up or strain, and the motion is to be passed lying on the side and the anus drawn a little from the middle line; and this should be enforced for at least six weeks, whilst consolidation is taking place, otherwise the whole advantages of the operation may be lost. I think it is from want of attention to these details that failure may often be attributed. My experience of this operation coincides with that of Mr. Herbert Allingham, and I am thoroughly satisfied with the results in those cases which have come under my care, though on one occasion the cautery had to be repeated. The following case, for the notes of which I am indebted to my late house surgeon, Mr. C. H. Roberts, serves as an example of the operation and the benefit that may be expected.

"Mrs. P——, aged twenty-nine, was admitted into St. Bartholomew's Hospital, July 1st, 1889. The patient was a fairly healthy-looking woman, well nourished, but bitterly complained of her trouble, and was in a very depressed condition on account of it. She has had difficulty with her motions for eight years, being much troubled with constipation, at other times her motion coming away with a discharge streaked with blood. For the last four years the bowel has come down more or less on going to stool. This condition has gradually got worse, the quantity of bowel prolapsing increasing. At times constipation was very obstinate. She has little or no control over her motions. On rectal examination the prolapse was not down. The finger passed into a large cavity. There was absolute loss of all power in the sphincter. On asking the patient to strain, a large prolapse was apparent, the size of a fœtal head. The measurements were 6 in. in length, with a circumference of 9 in. The orifice at the summit of the prolapse pointed backwards. In front there was a large hernial pouch, containing small intestine, which could be reduced with a gurgling sound into the abdominal cavity. There were two or three slight ulcerations in the mucous membrane, which was thickened and hypertrophied, and large hæmorrhoidal vessels traversed it. On pulling the prolapse with the fingers a further portion of the bowel could be brought down. In June, 1889, Mr. Harrison Cripps operated in the manner already described. Four lines were made by the actual cautery in the long axis of the gut, the large vessels having been previously ligatured; there was no hæmorrage. The whole mass was then reduced, and strips of oiled lint placed in the bowel. A thick indiarubber tube was then passed into the rectum, and iodoform wool packed between it and the oiled lint. With the exception of some slight hæmorrhage and some rise of temperature, the patient did well. She had no pain, and the bowels were opened on the fourteenth day without any sign of the prolapse. After this the bowels were usually opened once a day after a small nightly dose of cascara sagrada. She was allowed to get up and walk about at the seventh week, and discharged on Sept. 2nd.

August, 1890: Examined to-day. The bowel feels quite healthy in every respect. She has to a great extent regained control over her motions, and has never had the least sign of prolapse since leaving the hospital a year ago.

THREE CASES OF INFECTIVE PNEUMONIA OCCURRING IN ONE FAMILY.

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WHETHER as the result of the wave of influenza which recently passed over this country, or of some other condition hitherto unrecognised, we have had during the summer months in Newcastle and the immediate district a large number of cases of pneumonia, many of which have been so virulent and atypical that it is just a question how far the pneumonia has not been simply an incident in the morbid state.

On June 13th I was asked by Dr. Slater of Newcastle to see Mrs. D——, aged fifty-two, a strong, well-developed woman, who had been in excellent health until the week previously to that in which I saw her. Her husband had returned from Antwerp on May 29th feeling very ill. At once he took to bed, and when seen on the following morning the case was regarded as one of pneumonia. This

patient, who was a stout, plethoric man, died on the fourth day of his illness, June 3rd. Mrs. D—— nursed her husband during his brief illness. After the corpse was placed in the coffin, and the lid screwed down, there must have been rapid decomposition of the body, attended by considerable evolution of gas, for the coffin burst, and there escaped a large quantity of liquid which had a most disagreeable and offensive odour. For a day or two all the inmates of the house felt ill. On June 6th—i.e., three days after the death of her husband—Mrs. D—— had a severe rigor, and soon after this the physical signs of pneumonia gradually presented themselves. When I saw her on June 13th there was double pneumonia with well-marked physical signs, rusty sputa, &c. Her temperature was 103·8°; pulse 120; respiration 40; tongue dry. She was more or less delirious, flushed in the face, perspiring freely, and passing her urine involuntarily. On the following day she seemed rather better; her breathing was easier; she was less delirious, and her temperature, which at midnight had risen to 104°, had fallen to 103°. During the course of the day a very offensive diarrhœa occurred; this continued. Towards evening she was cyanosed; her respiration was difficult—44,—pulse 140, tongue very dry, and her pupils were slightly dilated. The case was regarded as one of severe blood poisoning rather than of pure pneumonia, and was treated accordingly. On June 15th she was in a heavy somnolent condition, the pupils contracted, face dusky and pinched, pulse 140, respiration 52, and diarrhœa continuing. In the evening she died. During our attendance upon Mrs. D—— we found one of her sons, aged twenty, also suffering from pneumonia, with high fever. Until June 9th he had been quite well, when, on going to business, he was seized with a severe rigor, obliging him to return home, and take to bed. On the following day he developed cough; on the 11th he began to expectorate; on the 12th the expectoration was rusty; temperature 103°. When I saw him on June 13th there was dulness over the base of the left lung, with coarse, dry, tubular respiration. The heart was healthy, pupils slightly dilated, pulse 112, respiration 28, and temperature 103·2°. During the night he had a profuse sweating (? critical) From this date he began to mend — temperature, pulse, and respiration gradually declining to the normal. Almost contemporaneously with the profuse sweating a mild diarrhœa appeared, which continued for three days, being gradually checked by tannic acid. This patient made a good and permanent recovery. During the early part of his convalescence the râles persisted in the left lung. The area of splenic dulness, it may be mentioned, was during his illness slightly increased.

Shortly afterwards I saw in a neighbouring town on Tyneside three cases of pneumonia. The patients lived within a few yards from each other. In them the illness showed itself suddenly. The rigor was severe, as were also all the symptoms from the first. The pneumonia was double. Two of the patients were teetotallers. The disease ran rapidly to its termination, death occurring on the sixth and seventh days. One of these patients, a man aged forty-one, had a rigor on July 5th; he died on the 12th. The case had been going on apparently satisfactorily, when all at once, and without any explanation, the pulse rose to 240 per minute. Delirium and restlessness supervened, so that the patient could not be kept in bed. In this hopeless condition I saw him, with extremely rapid pulse and breathing, and deeply cyanosed. He died two hours after our visit. In one of the other cases—two doors away from the last—the symptoms of a less severe pneumonia were followed by those of toxæmia. The symptoms were those of meningitis, but without headache and vomiting; there were great sleeplessness and picking of the bedclothes. Large doses of sulpho-carbolate of soda were given, and one draught of tincture of hyoscyamus soon quieted him. On the following day he showed signs of amendment, and in a few days after this he recovered. Earlier on in the year, in a case which I saw with Dr. Drummond of South Shields, the patient had quite recovered from a severe attack of pneumonia when suddenly his temperature rose, a right-sided hemiplegia developed, and he died comatose, the paralysis in this case being evidently due to the plugging of a cerebral artery by an embolon of a septic character. I mention this latter case not as an illustration of infective pneumonia, but to show that even after recovery from pneumonia has been complete the individual is not free from the risk of septic infection. Our patient had been perfectly well for at least seven or eight days, when, after sitting up for the greater part of a day working at his ledger, he had a rigor, followed by a rise of temperature, and it was noticed that his speech was slightly affected. Next day the aphasia was complete, and there was paralysis of the right arm. Two days subsequently he had a fit, and after this the right leg was seen to be paralysed. He died shortly afterwards comatose. The only explanation we can offer of this infection is that the man, who was a poultry salesman, lived above his shop, and during convalescence he moved into a room immediately above it. Sitting here all day breathing an atmosphere tainted by emanations from below, there had been doubtlessly carried into his lungs—not yet thoroughly rid of pneumonic material—organisms of a septic character.

Newcastle-upon-Tyne.

TWO CASES OF GASTRO-ENTEROSTOMY.

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I HAVE preferred to publish these two cases together, as they were under observation almost simultaneously, and had, as the sequel will show, some bearing one upon the other.

The first case was that of P—— V——, a miner, aged forty-five, who was a patient under Professor Gairdner in the Western Infirmary, and who was transferred to Sir George Macleod's surgical wards for operative treatment. Owing to Sir George Macleod's prolonged attendance in London at the Medical Council, and looking to the somewhat urgent condition of the case, it was deemed advisable that I should deal with it before his return. According to the statement of the patient on his first admission to Professor Gairdner's wards on April 24th of the present year, his illness was of twelve months' duration, and had commenced with pain in the stomach and other signs of indigestion. The pain was almost constantly present, but was always worse after food, when it would become severe for some hours. It never caused vomiting, though on one or two occasions he had himself induced sickness with the view of obtaining relief. He began to lose flesh, and in the early part of last March he noticed a lump in his abdomen in the region of the seat of pain. For a short time before his admission to the infirmary he thought the pain had been less, and he did not consider that there had been any great increase in the tumour since it was first observed. His condition on admission in April was as follows: He was emaciated to a considerable degree and had a rather sallow complexion. There was no doubt as to the existence in the right hypochondriac region of a tumour of an irregular and oval shape, somewhat like a large turkey's egg, one side and end of which seemed to rest on the lower surface of the liver. On the whole, the tumour had considerable mobility, and in particular it could be moved from side to side, showing that it was not firmly attached to the liver, although not separated from it by percussion with absolute distinctness. On inspiration it descended to a perceptible extent with the diaphragm, but the amount varied, and sometimes it was not quite easily appreciable. The longest diameter of the tumour, taken in the line of the hypochondrium, was four inches as against three across. On manipulation there appeared to be only one mass with a few inequalities on its surface. No history of any gastric or intestinal hæmorrhage could be made out. In fact, the bowels were apparently very little affected by the presence of the tumour, and the patient was otherwise healthy as regards lungs, heart, and kidneys. No hereditary tendency to cancerous disease was elicited. During the patient's residence in hospital it was established from the distinct succussion and other symptoms present that there was a moderate degree of dilatation of the stomach, and the diagnosis arrived at by Professor Gairdner was that the tumour was connected with the pyloric end of the stomach and was probably malignant, but he could not satisfy himself that there was complete occlusion of the orifice. Examination of the vomited matters and of the contents of the stomach, when that organ was washed out, was purely negative, and never revealed any sarcinæ. At this time the question of surgical interference was raised, but the patient was rather averse to any operative measures, and he left the hospital on May 9th after a residence of about a fortnight,

On May 26th he was readmitted at his own request, as he was anxious anything should be done that would give him relief, his pain and inability to take food having increased. He had emaciated very considerably in the interval, and was now very much weaker. The tumour also seemed larger, but it was thought that this might be due to the greater wasting and thinning of the abdominal parietes, thus rendering the deep parts more accessible to palpation. In other respects the tumour had not altered its characters, and was still situated in the right hypochondrium, midway between the umbilicus and the ribs. It was at this time that I was asked to see the case with the view of surgical interference. My own examination only served to confirm me in the correctness of the diagnosis of pyloric tumour, but I felt that it was useless, owing to the patient's weak and emaciated condition, to think of performing any excision of the growth. I did, however, consider that it was justifiable to open the abdomen, and, if the conditions were found favourable, to perform gastro-enterostomy. The nature of the operation with its risks were put before the patient, and, as he wished it to be performed, I operated on the morning of Saturday, May 31st. The only preparatory treatment adopted was the washing out of the stomach on the previous evening and on the morning of the operation. The abdomen was opened by an incision in the linea alba, reaching from a little below the ensiform cartilage to the umbilicus. Examination of the tumour showed it to be connected with the pylorus, and that the other conditions seemed favourable for gastro-enterostomy. To allow of this being done, it was found necessary to extend the incision downwards, for the stomach was so dilated that there was a difficulty in getting hold of a suitable coil of small intestine. No prolonged search was made to obtain a portion near the duodenum. I selected a loop that seemed to apply itself easily to the stomach. As the omentum was not large, I carried the loop of bowel round its edge, and joined it to the anterior wall of the stomach at a point well interior to the growth. The junction of the stomach and bowel was effected by a pair of Senn's bone plates threaded with chromic gut, as recently suggested by Mr. Jessett, and the portion of intestine opened into was temporarily constricted during the introduction of the plate by two of Makin's clamps. No difficulty was experienced in connecting the stomach and bowels by the plates, and when the threads were tied the parts were in very close approximation. Two Lembert sutures of support were inserted at each extremity of the plates to prevent any tilting of them. The parts were then returned into the abdomen, and the abdominal wound closed. The operation lasted about half an hour, and was very well borne by the patient.

The subsequent history of the case was as follows. Reliance was placed entirely on rectal feeding by peptonised suppositories, and nothing was given by the mouth beyond small pieces of ice to allay thirst. There was no sickness, and patient expressed himself as feeling comfortable and free from pain. The pulse and temperature kept within fair limits, and the strength seemed fairly maintained until early on Tuesday morning, when he had a weak attack and the temperature rose to 104°. When I saw him about 10 A.M. on that day I found him much weaker and apparently dying. Stimulants and peptonised beef-tea were given by the mouth, but he gradually sank and died, apparently from asthenia, between one and two o'clock in the afternoon of that day.

No complete post-mortem examination of the body could be obtained, but permission was given to examine the condition of the parts at the seat of operation. This was done by Dr. Henry Rutherfurd, to whom I am indebted for a very full report, of which the following are the leading points. The artificial opening in the stomach had been made five inches and a half from the pylorus, measured in a straight line, and quite close to the greater curvature. All round this spot there was a thick layer of fibrinous matter, and the serous surfaces brought into contact were glued together with some firmness, but the adhesion was evidently not to any extent organic, for the manipulations necessary to remove the stomach from the abdomen caused some separation of them at the pyloric end, and the stitch of support there had cut itself out very easily. The knot of the uppermost lateral threads was plainly visible, owing to the serous surfaces having fallen apart, probably on losing the support of the bone plates. These latter had been greatly acted on by the digestive fluids, being reduced to the thickness of the thumb nail and broken up into pieces both in the stomach and bowel. It seemed as if only the central parts unaffected by the decalcifying process had survived. The point of the jejunum united to the stomach was about seven feet from the lower end of the duodenum. The artificial orifice admitted the forefinger freely. The tumour occupied the posterior wall of the stomach for the last three inches, and formed a sessile rather sharply defined mass nearly three inches in diameter, like a small orange, flattened on the surface from ulceration. Just before the pylorus there was a ring of polypoid or villous outgrowths from the mucous membrane, quite surrounding the lumen of the viscus; but the pylorus itself easily admitted a finger. Microscopically the tumour was of the scirrhus variety of malignant disease. On examining the parts myself I was struck by the amount of firm union that had taken place between the stomach and bowel, and I regretted I had not given nourishment earlier by the mouth. I do not know that it would have averted the fatal issue, as the malignant disease was very extensive and the patient's strength very far gone; but I felt that it would have been quite justifiable to have done so. In other respects the steps of the operation seemed to be satisfactory; and as I had arranged to operate that afternoon on another case of pyloric tumour in private, I decided to adopt the same mode of procedure as to the use of the bone plates and other matters of detail. I also resolved that in this second case, the patient being emaciated and extremely feeble, I would give nourishment by the mouth from an early period.

The second case was that of Mrs. R——, aged fifty-eight, whose present illness dated from November of last year. It commenced with a distressing water-brash, which was always preceded by an uncomfortable dragging pain in the stomach, relieved, however, when the fluid came away by the mouth. This condition of matters continued, and was accompanied by decided loss of health. At the latter end of March of this year vomiting began as a symptom. At first it occurred every two or three days and then every day, while on a few occasions it happened twice daily. Its characteristic was that it would sometimes come on very quickly and take place without any great effort. The vomited matters consisted of a brownish liquid with lumps of curdled milk in it, if that fluid had been taken. The bowels became very confined, and acted only in response to injections, the stools being always very scanty. Pain was never a very marked symptom. The patient suffered from a feeling of uneasiness in the stomach, with an inclination to vomit, though often nothing came away. Up to this time she had not sought medical advice, but contented herself with being careful as to her diet, which was largely composed of milk, soups, and jellies. It was not until the middle of April that she consulted two medical men, one of whom told her she had a growth in connexion with the bowels, and advised her to get other advice in reference to it. For some time she was so weakened by vomiting that she could not leave home, but eventually an improvement showed itself, and she came to some friends in Glasgow, who took my opinion on her case. When I first saw her at the end of May she was markedly emaciated, and was still sufferiug from the weakness following the exertion of her journey from the south. She could take but very little food, and felt a return of the inclination to vomit. Her pulse was small and feeble. Inspection of the abdomen revealed the presence of a sausage-shaped tumour lying somewhat obliquely but almost parallel to the middle line of the body, and occupying partly the right lumbar, umbilical, and hypogastric regions. It was situated outside of and rather below the umbilicus, its centre being about that point. On manipulation it felt very dense, but could be freely moved from side to side and upwards towards the epigastrium. In length it measured about three inches and a half, and was separated from the liver by an area of clear percussion. It was not affected by the respiratory movements, which, however, were very shallow and rather feeble. Owing to the very thin state of the abdominal walls and the collapsed empty condition of the intestines, the tumour could be freely handled, and it could be grasped by the fingers in its entirety and lifted up. No pain was complained of during manipulation. The first impression I formed of the tumour was strengthened by subsequent examination of it, and the opinion I came to was that the patient was suffering from malignant disease of the pylorus. My reasons for thinking this to be the nature of the case were the symptoms already given above and the coexistence of evidence of dilatation of the stomach, this last condition, to my mind, accounting also for the somewhat unusual position of the

growth, which was lower down and more to the outer side than I had previously seen. Although there was no family history of malignant disease in the family, I considered that the rapidity of the growth and its denseness pointed to that being its nature. Assuming that the tumour was pyloric, the next question was as to what extent it had invaded the orifice. The great dilatation of the stomach, the empty state of the bowels, and the character of the vomiting, all indicated to my mind that there was almost complete occlusion of the opening. The advice, accordingly, I gave as to treatment was that the abdomen should be opened, the exact nature of the tumour ascertained, and, if the view taken of the case proved to be correct, that gastro-enterostomy should be done. To this proposal the patient and her friends consented, and on June 4th I operated, with the kind assistance of Drs. Renton, Wilson, and Bryce, and Dr. Connal of Peebles. In this case there was no previous washing out of the stomach. My reason for omitting this preliminary was that the patient had never undergone it before, and in her weak and nervous state I felt that it would be anything but a good preparation for the operation. What was decided on instead was, after the opening into the stomach had been made, to syphon out its contents with a soft rubber tube, and then to wash out the viscus with boric lotion. This was done, and it answered very well, though it increased somewhat the length of the operation. The contents of the stomach proved to be of a black, almost tarry, fluid of this consistence. The anæsthetic used was ether. When the abdomen was opened the diagnosis of a pyloric tumour was fully confirmed, but the growth was of such dimensions that the patient's weak and emaciated condition quite precluded any attempt to remove it. Gastro-enterostomy was accordingly done by means of decalcified bone plates, the steps of the procedure being the same as in the previous case, with the exception of the cleansing out of the stomach (in the way already described) and the threading of the plates with fine Chinese silk instead of chromic gut. This latter point of difference was not due to any want of confidence in the chromic gut, but the plates had only arrived from London on the morning of the operation, and I had not time to change the silk with which they were already threaded to chromic gut. The operation lasted about three-quarters of an hour, and the patient was put back to bed with her general condition fairly good.

As to the after progress and after treatment of the case, I need not go into minute details. The patient vomited once on the evening of the operation, but not again. As soon as she came out of the anæsthetic and could swallow, thirty drops of brandy were given every hour by the mouth. In addition, zyminised rectal suppositories were employed every four hours. Next morning feeding by the mouth was commenced, milk and lime water and peptonoids being administered in small quantities every alternate hour. On the third day, Mellin's food, made with milk, was added, and as the sickness was entirely absent the quantities of nourishment given were increased. For the first three or four days the patient's condition remained critical, the pulse being very small and weak. Otherwise the conditions were favourable. The temperature kept normal, and there was an entire absence of any abdominal symptoms. On the third day the bowels acted of themselves, but I was inclined to think that this was due to the rectal feeding, and that what came away, though dark in colour, like what was syphoned out of the stomach at the time of the operation, was the débris of the suppositories. By the end of the first week my anxieties were lessened, and the patient was in every way stronger. The pulse, too, became better, and there was an entire absence of any gastric uneasiness. On the tenth day the stitches were taken out of the abdominal wound, which was found united throughout its whole length. The diet was gradually made more liberal, both as to quantity and variety, so that in the third week she was having white fish, minced chicken, peptonised milk, ordinary tea, and bread-and-butter. With the aid of enemata the bowels acted regularly, and on some days of their own accord. Sleep had returned, and she expressed herself as feeling better and more comfortable than she had done for months, having entirely lost the sense of weight in the stomach, with constant desire to vomit, that she had suffered from for so long. To some extent she was losing her emaciated look, and was putting on flesh. Three weeks after the operation I yielded to her often-repeated request to get up, and she sat up daily. On one of these days she walked about the room, and stood between an open window and the door, with the result that she took an attack of bronchial catarrh, with some congestion of her right lung. Notwithstanding everything that was done, the pulmonary conditions never yielded, and she died after three days' illness, just four weeks after the operation.

Permission was given to examine only the abdomen and the parts involved in the operation. This was done for me by Dr. Henry Rutherfurd, to whom I am indebted for the following particulars. On opening the abdomen, a coil of small intestine was found attached along the greater curvature of the stomach from a point about an inch and a half to a point about five inches and a quarter from the pylorus, but in the last inch and a half or thereabouts, the union was extremely intimate, and the surface of the intestine passed insensibly by the medium of strong adhesions with polished surface into that of the stomach. The centre of this (operator's) adhesion was about four inches and three-quarters from the pylorus, and it was quite twice as far from the lesser as from the greater curvature, while it is quite free from the region involved in the tumour. This latter formed a somewhat sausage-shaped swelling extending from the pylorus to the extent of three inches and a quarter. Examined from within, the growth was found to involve the whole periphery of the pylorus within the distance mentioned, so that the lumen of the passage was practically obliterated. Microscopic examination showed the thickened walls of the pylorus to be infiltrated with epithelial cells in a state of colloid degeneration. No large glands were found obviously involved, but in the omentum in the vicinity of the growth were abundant minute nodules with a characteristic, tense, glistening appearance. The aperture between the stomach and the intestine was oval, with smooth regular borders, and barely admitted the index finger. The bone plates had quite disappeared, but the silk sutures of apposition seemed quite unaltered. Examination of the thoracic viscera through the diaphragm showed the lungs crepitant and free from any consolidation, but the heart was very soft and flabby and its walls extremely thin.

Such is a brief outline of these two cases, and I have put them on record as they bear on the still unsettled question of the proper surgical treatment of carcinoma of the pylorus. Ever since 1881, when Wölfler of Vienna first performed gastro-enterostomy as a substitute for pylorectomy in a case unsuitable for that procedure, the opinion has been gaining ground that perhaps, after all, the former operation is the more applicable of the two in cases of malignant disease of the outlet of the stomach. There can be no doubt that it is more quickly performed, especially with the improved methods of operating, and that its immediate effects are not so serious. These reasons alone give it a wider range of applicability, in that it allows a greater number of cases being submitted to it. Instances of extreme emaciation and bodily weakness, such as the last of the cases described above, may be operated on with a fair prospect of success, and with great relief to symptoms both distressing and dangerous to life. There can be no doubt that it is *the* operation where the pylorus is occluded by cicatricial tissue the result of ulceration, and is decidedly preferable to pylorectomy or Loreta's method. I am not prepared to say that it will give as great a prolongation to life as a successful case of excision of the pylorus, where the disease has been limited, and there has been no glandular implication; but so few cases of this kind occur that some time must elapse before statistics on this point can be forthcoming. At present I know of none, for those of v. Hacker, Saltzmann, and Rockwitz throw no light on this aspect of the question. From the experience gained in the above two cases of gastro-enterostomy I would offer the following remarks:—1. That the routine practice of washing out the stomach preparatory to operation is not absolutely essential, and may be omitted in cases of great weakness and nervousness. Where, however, it has formed part of the treatment of that dilatation of the stomach which so invariably accompanies pyloric obstruction, it may be advantageously employed. If omitted, the stomach should be syphoned out at the time the incision is made into it. With care there need be no more risk of the contents entering the abdomen than in the tapping of an ovarian cyst. 2. The line of incision for opening the abdomen is as well made in the linea alba as anywhere else, and I think it should be placed much lower than is usually advised. In both my cases I commenced between the ensiform cartilage and the umbilicus, and I

found, especially in the last case, that I was much too high. No doubt in this case the stomach was very much dilated, reaching down almost to Poupart's ligament, and forming a complete covering over all the collapsed intestines; but this condition has to be reckoned with in all cases calling for gastro-enterostomy, and a low incision allows of the necessary manipulations being more conveniently carried out. 3. For compression of the intestine I think Makin's clamps most suitable. They are preferable to the bits of rubber tubing usually advocated, being easily applied and quickly removed. 4. It is not advisable that there should be any great searching for a coil of intestine nearest the duodenum. Physiologically, it would seem most correct to get the connexion with the stomach made at as high a point as possible; but probably it is preferable to select a coil of bowel that applies itself easily and conveniently than to have any prolonged search in the abdomen. 5. The plan of carrying the gut round the edge of the omentum and fastening it to the anterior wall of the stomach answered well in both these cases, and gave rise to no kinking of the bowel. It seems preferable to making an artificial opening in the omentum, and less troublesome than turning up that structure along with the transverse colon and uniting the bowel to the posterior surface of the stomach. 6. The use of the bone plates for connecting together the stomach and bowel is a great advance on the former method of close sutures, and considerably shortens the operation. The unaltered condition of the silk sutures around the artificial opening, as revealed by the post-mortem examination in my second case, is an argument in favour of adopting Mr. Jessett's suggestion that the plates should be threaded with chromic gut instead of Chinese silk. It has, too, occurred to me whether we should not go a step further and adopt Dr. Abbey's suggestion, as given in the *New York Medical Journal*, and employ rings of chromic gut instead of the bone plates. They would remain firmer and unacted on longer, which might be advantageous. It will be remembered that in my first case it was found that the plates in three cases had been almost entirely dissolved, and the loss of their support had to some extent permitted the serous surfaces to fall apart. Anything that will favour the patency of the artificial opening is to be advocated, for the necropsies of cases of gastro-enterostomy fatal some time after have shown that the fistula was contracted by cicatricial and spur formations, and that the avenue of entrance to the intestine was obstructed. In one case, too, the unaltered silk stitches had allowed food to clog around them and completely blocked the opening. 7. In the after treatment of cases of gastro-enterostomy too much reliance must not be placed on rectal feeding. Food in small quantities should be given early by the mouth. In this way only can the tendency to death from asthenia be successfully combated. The broad support furnished by the bone plates is quite able to withstand any peristaltic action of the surrounding parts, and there is no risk of the stitches giving way. This was the lesson I learnt from the examination of the parts in my first case, and from what Mr. Jessett writes me I find that he is of the same opinion. The fatal result in my second case also serves as a warning against allowing the patient up too early during convalescence. When the case appeared within a measurable distance of success, and had, so to speak, weathered the storm, I had the disappointment of seeing it wrecked by injudiciousness on my part. 8. Lastly, all these cases of *pyloric* disease point to the necessity of early physical examination of the abdomen. It should be a rule with physicians to carry this out in all cases of indigestion that do not yield to treatment in a reasonable time. It is only in this way that early recognition of these cases will take place, thus allowing them to be handed over to the care of the surgeon when they are in a condition to benefit by operative measures, and obtain full advantage of those remedial measures that modern surgery has to offer.

Glasgow.

SCARLATINA AT CLONMEL.—A serious outbreak of scarlatina is reported from Clonmel. The Local Government Board have lately called attention to defective sewerage and want of pure water, and the Corporation have adopted a costly waterworks scheme. The corporation have ordered the public schools to be closed for the present.

ON AMENORRHŒA WITH MENTAL DEPRESSION, AND FROM MENTAL SHOCK.[1]

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MENTAL DEPRESSION is given in text-books as one of the causes of amenorrhœa. Some degree of mental depression is a common effect of ill health, but such mental depression as may be present from anæmia and wasting diseases is not sufficient *per se* to cause amenorrhœa. People in good health are not exempt from anxiety and unhappiness; but mere depression of spirits in a person in good physical health is not capable of causing amenorrhœa. The kind of mental depression which causes amenorrhœa is not simply a "cast of thought"—it is a manifestation of a state of health which affects the whole body: digestion, circulation, and nutrition, as well as the reproductive and nervous systems. I have heard of a mental shock permanently stopping menstruation, but disturbing health in no other way. I have never seen any such case till long afterwards, when the details of a passing disturbance of health may have been forgotten. In all such cases that I have seen at the time there have been other symptoms besides amenorrhœa. No text-book on diseases of women that I know of describes the clinical features of cases of amenorrhœa with mental depression, and in many of the books such information as is given is followed by details as to local treatment for the purpose of producing menstruation. The view that the absence of menstruation may be the cause of mental symptoms, and that the re-establishment of the flow should be made a principal end of treatment, is as old as Hippocrates, and would thus appear to still find favour. This kind of illness is a quite definite form, the subjects of which often come to an obstetric physician because the illness is accompanied with amenorrhœa, and they or their friends think that the absence of menstruation is the cause of the illness. The cases I am about to speak of may be familiar to many; but the scanty account of them in the ordinary text-books of the diseases of women is my excuse for presuming to say a little about them. The chief complaint is of great depression of spirits. The patient has no delusions or suicidal tendencies, conducts herself rationally, and is not incapacitated for the business of life. With the depression of spirits there is some degree of mental confusion and of incapacity for mental effort. It is not the irritability of neurasthenia, but rather dulness and apathy. There are loss of appetite and constipation; there is some degree of wasting; the hands and feet are cold and damp; there are no physical signs of gross organic disease anywhere. The patients are not anæmic; there are no symptoms of uterine or pelvic disease beyond the amenorrhœa. The symptoms are, in fact, those of melancholia in a slight degree, and there would be no object in calling the disease by any other name than slight melancholia were it not that the word "melancholia" brings with it the stigma of insanity. These slight cases do not, if they are properly treated, become insane. On the contrary, the condition is curable. As a rule, there is not a clear family history of insanity; but this, I imagine, is because patients with a strong tendency to insanity would become actually insane under the influence of conditions such as bring about the slighter condition of deranged health which I now describe. I see no reason for supposing that the suppression of menstruation has any effect in producing the morbid state. I take the suspended menstruation to be one of the symptoms. I shall now relate some characteristic cases of the kind.

CASE 1 (reported by Mr. W. A. Rudd).—M. B——, aged thirty-two, was admitted into the London Hospital on May 12th, 1887. The patient is one of thirteen children, of whom six died young. The mother died fifteen years ago from a tumour. The father is now in good health, but ten years ago he had some mental ailment, which was of such a nature as to keep him away from business and oblige him to dispose of it. A brother died from fits, from which he had suffered for six or seven years, aged twenty-nine. She has always had a comfortable home; was never very bright; duller than usual lately. She was always of a

[1] A paper read before the Hunterian Society.

suspicious temperament, inclined to mistrust people, and has been worse in this respect during the last year or two. She has had no serious illness or mental shock except the family troubles involved in her father's illness; she had a proposal of marriage eighteen months ago, which she declined. She first menstruated at fourteen, and was regular until she was twenty. Then the menses became irregular, and for the last two or three years she has seen nothing. Flow always scanty, but not attended with any particular pain. A good deal of leucorrhœa. Her complaint was of general weakness and disinclination for exertion. Headache, chiefly in the morning; pains in the back and between the shoulders; sleeplessness; poor appetite and constipation. Her sister stated that she never went out unless obliged, and generally sat by the fire; but she often said that she could not bear the weight of her clothes, and took off her skirt. She seemed unable to bear a noise; she listened at doors, as if suspecting something. The patient attributed her illness to the amenorrhœa, and for that reason sought the advice of an obstetric physician. She was thin, pale, but not anæmic. She was dull and apparently apathetic, speaking slowly, and as if the answering of questions were a painful effort. After admission to the hospital, I find it noted that during the early part of her stay she passed most of the time sitting by herself with her eyes closed, as if asleep. When spoken to she answered correctly, but often without turning to the speaker or opening her eyes; or if she did, her gaze was averted; did not seem desirous either of conversation or work. Feet and hands were cold; no signs of disease in lungs or heart. Temperature normal; urine acid; sp. gr. 1010–12, no albumen. No signs of pelvic disease. Uterine cavity measured two inches and a half in length. The patient remained in hospital from May 12th to July 30th. She was treated on the Weir-Mitchell plan, with massage and galvanism to the limbs. No local treatment was used. For the first ten days of this treatment she was kept on milk diet. Then the appetite improved, and the patient was able to take meat. She gained 5½ lb. while in hospital. When she left she was taking food well and sleeping well. Was cheerful, active, and helping in the ward. On July 21st she menstruated. On April 19th, 1890, the sister of the ward told me that she had heard from the patient a few months previously. She was then better in health, and had menstruated. She is companion to two old ladies and a help in the house, so that her mental condition must certainly be improved.

CASE 2 (reported by Mr. A. H. Head, clinical clerk).—E. G——, aged eighteen, was admitted to hospital on July 18th, 1888. No family history of insanity or any nervous disease. The patient first menstruated at twelve, and was always regular till January, 1888. Flow lasted six days, and was usually attended with enough pain to lay her up. She otherwise always enjoyed good health. Had been employed as clerk in a butcher's shop (her father's), working about four hours a day. Was always of sedentary habits, preferring reading to games &c. as a child, but was always cheerful and quick. Her mother died in April, 1887. The patient was as well as usual after this, except that she was a little more nervous. She lived in the house with her father, but very seldom saw him, as he was almost always away from home. In January, 1888, being alone in the house with him, she suddenly found out that he had delirium tremens. On discovering this she shut herself up in her bedroom, and did not go to sleep for three or four nights because she was afraid to go to bed; and she took hardly any food because she did not want it. At the next time after this at which menstruation should have appeared, it did not come on; but she had pain so bad as to cause vomiting. She has had pain in the lower abdomen ever since, and vomited almost every morning on getting up. She had a slight "show" fourteen days ago, which lasted two hours only. This was the only sign of menstruation since January. Her father's account of her illness was that he had noticed that "she was never the same" after her mother's death. Before then she was always cheerful, contented, and happy. After the death of her mother she used to fret and lock herself up in her bedroom. She became more and more moody and reserved as time went on. She was not sulky or morose, but had "less life" than formerly. He did not think his drinking habits had influenced her in any way. The patient was slightly built, thin, but not anæmic. Hands and feet were cold and damp. There were no physical signs of disease in any organ. The temperature was normal. She complained of pain all over the right side of the abdomen, but nothing was found to account for it. On admission there was retention of urine, for which the nurse passed a catheter; but this was not required again. Patient was very silent. The ward sister reported that she ate only when she was told to do so, and particularly objected to meat. Weight 7st. 3lb. The patient was in the hospital till Sept. 18th. When she left she complained only of pain in the lumbar spine; she had no abdominal pain. She was cheerful and taking her food well. Bowels still confined. Hands and feet not so cold. Her weight was 8st. 7lb. She went home to live, as before, in her father's house. She came back to the hospital on Nov. 18th. She complained of recurrence of the pain in the right side and of vomiting after food, which she had had for six weeks. Her weight had diminished to 7st. 5½lb. Appetite was bad. She attributed her relapse into ill health to fright and worry about her father, to late hours, and want of sleep occasioned by his drunken habits. On this occasion she was in the hospital until Dec. 6th. After leaving the hospital she did not go to live with her father again. She was treated only with tonics and liberal diet. She wrote during April, 1890, as follows: "I am very thankful to say I am in better spirits. I have not had those attacks of depression since. I am more regular than I used to be, but not every month. I suffer very much with the pain in my side; it seems to get worse."

CASE 3.—R. W——, aged twenty-two, was admitted to hospital on April 30th, 1889. She sought advice because menstruation had been absent for five years, with the exception of once, two years ago, when she had very much pain. From about a year after the cessation of the catamenia she suffered from almost constant pain in the back, thighs, hypogastrium, and loins. This pain was variable in degree, but did not present any periodical variations, monthly or otherwise. She has no indication whatever of the date at which she ought to menstruate. She is described as being "very depressed, has no energy for anything, seldom or never goes out." She was a governess for two years until two years ago, but then found the work too much for her and gave it up. Since the age of seventeen she has gradually got thin, but has not wasted recently. She was described by her mother as having been at seventeen a "bonny, plump girl." The appetite was variable; she would not eat meat, and did not like beer or wine. She often flushed and felt heated, although she looked cold. Hands always red and cold. She slept badly, was long in getting to sleep, and felt weary in the morning. Two years and a half ago she suffered much from religious despondency, and used to spend hours in her room. As a child she was never inclined to romp, would spend hours over books, and at school was clever and distinguished in examinations. No neuralgia, headache, or vertigo. She has three sisters and one brother, different in disposition, none of them studious or melancholy. The father is of studious habits and often depressed, and his sister is at times depressed and at times excitable. There was no more definite mental trouble than this in the family, and not any mental trouble on the mother's side. This patient was not anæmic. She was thin and under-sized. There were no physical signs of disease in any organ. The temperature was normal. I first saw this patient on March 26th. She was admitted into the London Hospital on April 30th, and between these dates she stayed with friends in the country, and under their care her health much improved. She was in the London Hospital from April 30th to June 1st. Her weight on admission was 7st. 2½lb, on discharge 7st. 7lb. She menstruated from May 15th to 18th, June 5th to 7th, and it again recurred on June 29th. She was treated by daily rubbing the limbs and galvanising the muscles. In the intervals of this exercise she was encouraged to help in the ward and walk in the garden. The appetite and spirits improved, and she left the hospital practically well. On April 14th, 1890, she wrote: "I still have aches and pains, but not nearly so often as I used to do, and on the whole have been very much better. It is just a month since I was poorly last; it has not been on again yet. Before that I had not been so for eight weeks. Before Christmas there was sometimes less than a month between the periods, though there was a long interval at the end of the summer. Altogether I have had a good many periods since they began again last May, but I never know when to expect them." She has been since January a teacher in a boy's school, so that it may be inferred that her mental condition is considerably improved.

CASE 4.—E. T., aged twenty-nine, came to the out-

patient department of the London Hospital on Oct. 20th, 1880. Mr. J. Atkinson Hosker took a careful account of her clinical history. She is one of thirteen children, of whom two were stillborn and six died in infancy. A sister has suffered from indigestion, menstrual pain, and several times from amenorrhœa. One of her mother's sisters has been married three times and is sterile, and two of her father's sisters are married and sterile. She enjoyed good health till her marriage, excepting for ague, scarlatina, and chicken-pox when a child. For five years before marriage she was nurse in a lunatic asylum, and while there suffered from what she calls a "lowness," and from occasional "hysteria" shortly before the menstrual period. She began to menstruate at fourteen, and was regular till marriage; flow scanty, pain slight. She was married at twenty-seven. A child was born twelve months after marriage, fifteen months ago. She had much hæmorrhage, and was in bed two weeks. She had no milk, therefore did not suckle her infant. After her confinement she was regular until April last. Since then she has seen nothing, and had no pain or other discharge to indicate when the flow should appear until three weeks ago, when there was a slight show. Since April she has had an aching pain in the loins and over the sacrum, not affected by position. She has wasted. She says: "The whole system is thoroughly broken down. No appetite; discomfort after food; sleeps badly; never any headache; occasional vertigo, and numbness at back of head." She has become irritable in temper. Occasional numbness on right side, as if circulation were deficient. She is apparently afraid that the present illness will terminate seriously, and she bears in mind how frequently patients in the asylum suffered from amenorrhœa. She is a tall, dark woman, with no physical signs of disease in the chest. Pulse 96, soft and compressible. Blood 80 per cent. hæmoglobin, 104·8 per cent. corpuscular richness. Uterus in normal position, movable, normal in size; cervix healthy; no trouble in micturition. This patient did not again attend, therefore the account is incomplete.

CASE 5.—A. M——, aged nineteen, came to the obstetric out-patient department on June 14th, 1882. I have only very brief notes. She first menstruated at fifteen, and for a year was regular. Then her mother died, and since then she has seen nothing, and has had no indication of the menstrual period. She had no local pain or trouble; no pain in micturition or defecation, no leucorrhœa. Her appetite was uncertain and the bowels confined. She complained of being nervous and low spirited, and had wasted slightly. Her extremities were habitually cold. She was not anæmic. She was given, in various combinations, iron and sulphate of magnesia. In October I find a note that she "menstruated at the beginning of September, very slightly, flow only lasting one day; pain slight. Bowels still confined. Sleeps better; in better spirits; appetite good. Feet still cold, hands not so. She menstruated again in November and December, the flow in the former month lasting two days." I have a note in December that her head still feels heavy, and she is still rather dull, but in better spirits. Bowels regular. After this she ceased to attend. Seeing that during her six months' attendance her health steadily improved, I think it may not be an unfair inference that she ceased to attend because she thought her recovery complete.

CASE 6.—L. H——, aged twenty-four, came to the out-patient department of the London Hospital on July 19th, 1882. The notes of the case were taken for me by Dr. A. T. Schofield. The history was as follows:—"Four years and a half ago she was engaged to be married. Two years ago this was broken off quite suddenly. On receiving the letter announcing the news she fell down in the shop and lost consciousness for a few minutes. She was menstruating at the time, and the flow suddenly stopped. It recurred as usual after four weeks' interval, but the quantity was less, and ever since it has been getting less. It used to last seven days, now it lasts only one day. Menstruation was from the beginning attended with some pain, which has not recently got especially worse. For a week after the shock above mentioned the patient did not sleep at all. She also suffered from severe headache, which lasted three months afterwards, and from neuralgia in the face, which lasted for five months. She was very nervous and low-spirited, often crying when spoken to. She liked sitting still; often went away by herself and cried. Ever since then she has at intervals thought she would go out of her mind; has sometimes thought she must take poison out of a bottle she had to rub her face with; a dizzy feeling sometimes came over her, and she lost thought and memory, and stood quite still until the feeling passed away. She felt weak and languid. She is hypermetropic, and has used spectacles for years. For six months has had a constant aching pain at the back of the eyes. At times a film came over the eyes, so that she could not read. For these symptoms she consulted an oculist, by whom she was sent to Dr. Herman. This patient was not anæmic, but thin. The notes of her physical state and of her progress are incomplete."

(To be concluded.)

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE AFTER-HISTORY OF A CASE OF CÆSAREAN SECTION.

BY LAWSON TAIT, L.R.C.P.ED., &c.

IN THE LANCET of Aug. 14th, 1886, is published an extremely interesting case of Cæsarean section performed by my friend Dr. Thompson Forster, of Daventry, for extreme pelvic contraction. The operation was performed on May 16th of that year at the full time after a prolonged and ineffectual attempt at labour. The patient had a very risky convalescence for seventeen days, the temperature running up to 105° and the pulse to 140, with delirium and diarrhœa. The subsequent history of the patient is extremely interesting. She became four times pregnant, and in the first three of these occasions premature labour was induced at the fifth month. Both patient and husband in this instance were greatly distressed at her inability to bear a living child. She recognised the fact that she was again pregnant at the beginning of March of this year, and applied to Dr. Edgar Underhill, of Bromsgrove, for advice on the subject, and he advised her to place herself under my care for the purpose of having the operation of amputation of the pregnant uterus performed at the full time of labour. I admitted her to hospital about August 20th, when she estimated herself to be within a few days of her full time. Labour began on the evening of August 27th, and had distinctly progressed on the morning of the 28th, when, in the presence of Drs. Leake and Pace (Dallas, Texas), Dr. Underhill (Bromsgrove), and Drs. Martin, Hamilton, Gray, Baker, and McColl, I performed the operation in the method which I have adopted and repeatedly described, delivering a fine living male child. The patient made an uninterrupted recovery, the highest pulse record being 108. The clamp came off on the fifteenth day, and the patient was out of bed on the nineteenth, and went home on the twenty-fifth day after the operation. Her own statement about it is that she suffered less from this operation than she did from any of the previous other experiences through which she went in order to be delivered of her children.

Birmingham.

CONGENITAL INCLUSION OF ONE EYE.

BY C. DANIELS, M.B.,
GOVERNMENT MEDICAL OFFICER, FIJI.

A CASE of this malformation in a healthy Indian child, aged two years, came under my notice in the Nansori Hospital, Fiji. The patient was well developed, and, with the exception of the eyes, there was no malformation. The right eye was small and the cornea partially opaque; the child was just able to avoid large obstacles. The eyelids of the left eye were well formed, but on separating them no trace of the eye could be seen, the interval between them leading into a cul-de-sac convex upwards. On the floor of this cul-de-sac the Meibomian glands could be easily seen through the conjunctiva. The eyeball itself could be readily felt beneath the lower lid. The orbit was the same size as that on the other side. As vision was imperfect with the right eye, the possibility of the left eye being serviceable led me

to attempt to rectify the malposition. An incision was made through the mucous surface of the cul-de-sac, and after dividing several layers of fascia, the eyeball was found in a loose but strong fibrous capsule. The eyeball was much smaller than I had expected, rather less than a small marble; the part exposed was formed of a very thin semi-transparent membrane containing fluid, but not tense. It was obviously useless, and I left it *in situ*. The wound healed readily by first intention. I can suggest no explanation of the malposition.

SUCCESSFUL SUTURE OF TENDONS ELEVEN WEEKS AFTER THE INJURY.

BY T. PRESTON GOSTLING, L.R.C.P. LOND. &c.

JOHN L——, aged forty, came to me on Dec. 13th, 1889, with the following history. Eight weeks previously, while engaged in trimming rose trees, the knife he was using slipped and inflicted a transverse wound on the outer side of the left wrist, one inch about the thumb. This wound was allowed to heal by granulation, no advice being obtained until it was found that the thumb could not be moved voluntarily, at which time the patient was comforted by being told that "some nerves were cut across, and that voluntary movement would return in the course of time." On Dec. 13th, 1889, the left hand was of little use, as the thumb was flexed into the palm and adducted, so that the patient was unable to pick up a book or to hold anything unless the thumb was first lifted up and the article to be held placed between it and the hand. Any variety of passive movement was possible, but the only active movement which remained was extension of the terminal phalanx, the thumb being rendered motionless owing to the unopposed action of the flexor longus pollicis, adductor pollicis, and the flexor brevis pollicis. At the base of the first metacarpal bone, and one inch above it, there was a transverse scar an inch long, on the outer surface of the left wrist. Just below this the distal ends of the tendons of extensor primi internodii pollicis and extensor ossis metacarpi pollicis could be easily felt, but the position of the proximal ends could only be indistinctly made out five inches off on the back of the forearm. On Jan. 8th, 1890, eleven weeks after the accident, the patient being under chloroform and an Esmarch's bandage being on the arm, an incision was made from the site of the distal ends of the tendons to the supposed position of the proximal ends. The distal ends were found at once, and it was then discovered that the synovial sheath was blocked at the site of the scar for three-quarters of an inch by a mass of connective tissue. This was cut through and the sheath slit up until the proximal ends of the tendons were found. All four ends were smoothly rounded off, and no adhesions had been formed. Unfortunately the ends of the tendons were five inches apart, and it was found to be impossible to bring them nearer together than three quarters of an inch. However, the ends were cut off, and they were then stitched together with two catgut sutures each. One or two small vessels were tied, and the wound was closed by silk sutures without any drainage, the tourniquet not being removed until a wool dressing had been firmly applied, after which a special splint was put on in such a way as to keep the thumb fully extended. The wound healed by first intention. On Friday, June 27th, about six months after the operation, the patient was shown at a meeting of the Worcestershire and Herefordshire branch of the British Medical Association, having all the active and passive movements of the thumb perfect.

Worcester.

SIMPLE TREATMENT IN MIDWIFERY: AN INTERESTING CASE.

BY JOHN WHITEHOUSE.

ON March 16th, 1890, I was sent for to attend Mrs. P——, who was in labour. When I arrived I found her pulseless, with two ordinary chamber vessels filled with blood, which she had lost. On examination I found the placenta covering the os, which was fully dilated, but could not make out the presentation. I began to pare the placenta on one side, and must have passed my hand almost to the fundus, but could not reach the edge. I therefore began on the other side. While doing this she had two or three pains, and the blood gushed out with each pain in a stream. Not being able to reach the edge, and another pain causing another stream, I pushed my hand straight through the mass of placenta and pulled down a foot. After this child was delivered an alarming gush of hæmorrhage took place. I examined once more, and found the membranes presenting again. I ruptured these and pulled down another foot. Hæmorrhage taking place, I passed my hand again, and for the third time came on membranes presenting. I broke them, and brought down another foot. Soon after the birth of the third child, what I took to be a small placenta came away, with one cord attached. After ten more minutes I removed the placenta remaining, which was certainly twice the ordinary size, and must have covered the greater part of the uterine wall. On looking at the first piece of placenta, instead of being one itself, it was evidently about a fourth of the whole placenta, torn across by me in thrusting my hand through it, and not one separate from the other. The woman made an uninterrupted recovery. In this case, as in others I have seen, the turning without chloroform acted more as a stimulant than a shock, as it caused the woman to moan—about the only sign of animation she exhibited—and I could feel the thready pulse of the mother with the other hand while pulling down the foot, which became imperceptible between each turning. I have now attended in Newcastle 600 cases, of which I have the record, 42 of which I have attended for other medical men, and twelve months' cases of my own of which I can get no record, without a single death, so that at the least I must have attended 700 cases. I have not for the last 400 cases used ergot; in fact, I never carry it, and hæmorrhage is far rarer than when I used it in a routine manner. I have not employed chloroform above twice, and I never use any form of antiseptic lotion except tepid water—the best antiseptic of all; in fact, my only experience for the last five years in lotions in midwifery lies in a single case, in which a physician in consultation dropped a disc, I fancy, of corrosive sublimate, and washed out the uterus.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

METROPOLITAN FREE HOSPITAL.

CASE OF CARCINOMA OF BREAST, ASSOCIATED WITH POLYURIA AND SECONDARY GROWTHS IN THE BRAIN; NECROPSY; REMARKS.

(Under the care of Mr. WALSHAM.)

THE occurrence of carcinomatous growths in the brain, secondary to primary disease of the breast, is not frequently met with, and here it is not possible to say whether this was the only part secondarily affected or not. The secondary deposits presented the characters which such growths assume in this situation, but it is somewhat remarkable that a greater variety of symptoms was not caused by them. The importance of the case, however, depends on the fact that one of the malignant growths extended into the fourth ventricle, producing pressure on the floor, and that the patient presented the symptom of polyuria for ten weeks before death. We have thus another contribution to the series, not a very large one, in which this symptom has been proved to be associated with definite coarse lesion in the fourth ventricle. Dr. Kahler[1] collected twenty-two cases of simple persistent polyuria, associated with coarse cerebral disease. Of fourteen necropsies, tumours mostly of the base were found in ten. Of the remaining four, one showed atrophy of the right half of the medulla, another superficial congestion

[1] Sajous, 1888, Zeitsch. für Heil. 1880.

along the floor of the fourth ventricle, a third softening in the same area, and the fourth an apoplectic clot in the medulla. Dr. A. Berri[2] reported a case under his care in which polyuria of persistent character followed a fracture of the base of the skull, and in which, at the post-mortem examination, in addition to the evidence of fracture, the remains of a hæmorrhage in the floor of the fourth ventricle were found. That surgeon also collected thirteen other cases, and in three it was possible to examine the parts after death, and in all the conditions were such as to lead to pressure in the vicinity of the fourth ventricle. Cases of polyuria due to tubercular and syphilitic lesions are also recorded. For the account of this case we are indebted to Mr. Albert Lucas, late resident medical officer.

L. A——, aged twenty-eight, married, no children, was admitted into the Metropolitan Free Hospital on April 13th. She stated that she had received a blow on the left breast about twelve months previously. Immediately after this she noticed a small lump on the outer side of the breast. It was slightly painful, but she did not take much notice of it. Since that time it has considerably increased in size, and become more painful. Two months ago she observed that she was continually thirsty; also that the amount of urine passed was excessive in quantity and pale in colour. She has had frequent attacks of vomiting, and has lost flesh lately. She is anæmic in appearance: the skin is dry, the tongue pale, and slightly furred. In the left breast is a typical hard cancer. No other signs of disease elsewhere. She is passing over twelve pints of pale urine per diem of a sp. gr. of 1004. No albumen or sugar.

On April 27th (fourteen days after admission), as there was no change in her condition, Mr. Walsham removed the left breast, and also two or three enlarged axillary glands. The tumour had all the appearance of scirrhus.

April 28th.—Slight vomiting after operation. Temperature 101°. Feels comfortable. Is passing less urine.

30th.—Temperature 100°. Has some vomiting and feeling of nausea. Passing less urine since operation; to-day about seven pints.

May 2nd.—The vomiting continues, and is very troublesome. Urine yesterday five pints fifteen ounces.

3rd.—The wound was dressed, and found to be healed except in the centre, where there was some fluctuation; a little pus escaped when the stitches were removed.

23rd.—The wound has healed soundly. She has been suffering from constant vomiting for the last three days, and has been unable to retain any nourishment. Temperature 98·2°. Amount of urine passed yesterday four pints nine ounces.

24th.—She still suffers from vomiting, and is now complaining of headache.

25th.—She had a rigor early this morning. The vomiting and headache are less. Appears very drowsy, but seems to understand what is said to her; at times it is difficult to rouse her.

27th.—This morning the patient is lying in an unconscious state, and makes no reply when questioned. Was very restless during the night, constantly attempting to leave the bed. Pupils equal, normal in size; temperature 99·4°; pulse 148, very weak.

28th.—Quite unconscious. Temperature 97°; pulse 150, weak. 4 P.M.: Pupils unequal, the right being nearly twice as large as the left; do not react to light. She died at 11 P.M.

At the post-mortem examination, performed by Dr. C. H. Thompson, then senior resident medical officer, permission was only granted to examine the brain. The meninges were quite normal. On cutting into the brain numerous growths were seen, varying in size from a pea to a hazel-nut, one of which, larger in size, was seen to be growing from the roof of the fourth ventricle and pressing on the floor behind the region of the centre for the vagus nerve. The growths were of the same structure as that in the breast.

Remarks by MR ALBERT LUCAS.—This case presents a condition very rarely if ever met with—viz., the association of diabetes insipidus with carcinoma of the breast. Mr. Walsham hesitated for some time about operating, never having been before called to do so in a case of diabetes insipidus. In this case, as regarded the operation wound, it went on satisfactorily and healed well. It was not suspected that she had secondary deposits in the brain, nor that they were the cause of the polyuria. It also proves that the experiments of Eckhard and others, on stimulation of the region behind the vagus centre and in the anterior part of the vaso-motor centre, are true. The growth in the roof of the fourth ventricle pressing on the floor of that region caused dilatation of the vaso-motor nerves supplying the kidneys and gave rise to the polyuria. I can only regret that the case was not made clearer by post-mortem examination of the other viscera.

[2] Sajous, vol. i., 1888, p. 473. La Sperimentale, 1887.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

DEATH DURING THE ADMINISTRATION OF METHYLENE; NECROPSY; REMARKS.

(Under the care of Mr. R. H. HUGHES.)

IT is of importance to record the deaths that take place during the administration of anæsthetics and apparently due to them; we therefore publish below a short statement of the case of a man who died whilst inhaling the preparation in use as methylene or methylene bichloride. There are not many hospitals in which this anæsthetic agent is employed to the extent it appears to be in this hospital; it would not be advisable, however, to draw any conclusions as to the rate of mortality to be expected without further details than those at our command. Deaths caused apparently by the inhalation of methylene are rarely recorded; they do not appear, however, to differ much, if at all, from those which result from chloroform, either in the sudden appearance of symptoms or in the post-mortem changes found. Several were recorded by Dr. Junker[1] in his paper on Methylene, most of which had occurred in London hospitals. We would also refer our readers to the statements by Dr. Buxton[2] on the use of this anæsthetic, which he considers as in nowise superior to chloroform, and to our columns.[3] Methylene has given satisfaction to many operators, Sir Spencer Wells, Polaillon, Fort, Laborde, and others. For the account of the case we are indebted to Mr. W. Gifford Nash, house surgeon.

N. M——, a pauper aged fifty-one, was admitted to the hospital on Sept. 3rd, 1890, suffering from necrosis of the left tibia and disorganisation of the left ankle-joint. He gave a history of syphilis sixteen years ago. There had been some necrosis of the right tibia, and the nasal septum was almost completely destroyed.

He was prepared for amputation of the leg on Sept. 5th at one o'clock, and two hours previously an ounce of brandy was given. Methylene was administered, and after three or four minutes' inhalation, when about three drachms of methylene had been given, he commenced to struggle violently, and became very cyanosed. About a minute later he suddenly ceased struggling, the colour of the face changed to a leaden hue, and the pulse and respiration stopped. The legs were at once raised, and the head lowered; artificial respiration commenced and carried on for half an hour; brandy and ether injected; hot flannels applied over the heart, and the interrupted current applied with one pole over the heart and the other over the left side of the neck. At the commencement of artificial respiration the patient gave two deep-drawn gasps, but otherwise showed no sign of life. He appeared to die from sudden syncope.

At the necropsy the brain was found to be natural, the lungs much congested and œdematous at the bases; the heart ventricles were dilated, with very thin walls; heart substance very light coloured, soft, and friable; endocardium pale; no valvular lesion. The ventricles were in diastole, and contained fluid blood. The kidneys were large and congested. The spleen was enlarged, and at one spot presented the cicatrix of an old gumma. The liver was small, hard, and cirrhotic.

Remarks by Mr. W. GIFFORD NASH.—Methylene is almost invariably administered at this hospital, and is given on an average about 400 times a year. It is five years since there was a death under anæsthesia.

[1] Brit. Med. Jour., vol. ii. 1888, p. 104.
[2] Ibid., vol. ii. 1888, p. 204.
[3] THE LANCET, vol. ii. 1874, p. 881; vol. ii. 1876, p. 463; vol. i. 1884, p. 1171, &c.

MEDICAL COLLEGE HOSPITAL, CALCUTTA.

CASE OF PROLAPSUS ANI; EXCISION BY CLAMP AND CAUTERY; RECOVERY.

(Under the care of Dr. K. MCLEOD.)

THE continued account of this case which we give below will be read with interest. The condition for which the first operation was performed was a very serious one of eight years' duration, and the cause of great misery to the patient. The operation performed was very successful, and was not followed by any complications. It is always a satisfaction to us to be able to present our readers with notes which complete the record of cases which have previously been described in our columns, especially when in the first instance an operation presenting new features has been performed.

P. C. G——, a Hindoo youth aged nineteen, was admitted into the Medical College Hospital on Jan. 27th, 1890, for very aggravated prolapse of the rectum. After various plans of treatment had been tried without success, he was subjected on March 1st to an operation which is fully described in THE LANCET of July 19th, page 117, consisting in reposition of the prolapsed gut with the hand and fixation of the reduced bowel to the abdominal wall in the left inguinal region by means of an elaborate arrangement of stitches inserted without opening the peritoneal cavity. He left the hospital to all appearance quite recovered on April 11th. He returned and was readmitted on June 9th (fifty days after his discharge), and gave the following account of his condition during that interval. He reverted to the posture usually adopted by nature during defecation—namely, squatting with the nates resting on the heels. He noticed that a small protrusion of mucous membrane took place while straining at stool in this attitude. It disappeared of itself on resuming the erect posture, but the size of the protruded mass has been increasing from that of a plum to a walnut. He had an attack of dysentery for a few days in April, which caused him to strain harder. He observed that while he strained the skin of the left lower abdomen where the operation had been performed underwent distinct transverse wrinkling. On admission he presented the appearance of greatly improved health, was stouter and ruddier than when he left the hospital. On examining the rectum, the sphincter was found to be moderately tight, and the mucous membrane smooth and healthy. On straining very much in a squatting posture a prolapse of mucous membrane took place on the right side, which disappeared of itself when he straightened himself. He was put under chloroform on June 16th, and the mucous membrane on the right side of the rectum, which was found to be somewhat loose, was pulled down with a vulsellum, and, together with a portion of the verge of the anus, secured in a Smith's clamp, cut off, and carefully cauterised. A second fold of loose mucous membrane in continuation of this was similarly dealt with. A morphia suppository was introduced, and the patient put upon one grain of opium every four hours. The opium was discontinued on the 20th, and a dose of castor oil given on the 21st, which brought two copious motions. He remained in hospital till July 2nd, care being taken to keep the bowels moderately relaxed and the wound clean. The latter healed kindly, and on careful examination before his discharge it was found that the anal aperture had been reduced in size and the redundant mucous membrane effectually removed by the operation.

Remarks by Dr. MCLEOD.—The first operation performed in this case converted a serious complete prolapse of the rectum into a partial protrusion of the anal mucous membrane, and the second operation restored the efficiency of the sphincter and remedied the slipping down of loose mucous membrane which took place during severe straining at stool in a position eminently favourable for producing such a result. I observe that Mr. Herbert Wm. Allingham in a letter published in THE LANCET of July 26th, page 205, draws attention to a suggestion made by him in 1888 regarding the reduction, by traction through an abdominal wound, of an intussuscepted rectum, and the fixation of the reduced gut to the abdominal wall by passing a silk thread through its mesentery. The idea of reducing herniated and intussuscepted portions of the intestinal tube through an abdominal wound is an old one, and this method was resorted to by myself and others long before the publication of Mr. Allingham's suggestion. In the present case the reduction was effected by reposition, and not by traction. The mode of fixation of the reduced gut which I adopted was very different from that recommended by Mr. Allingham, which appears to me to be inefficient and not devoid of danger.

Reviews and Notices of Books.

Grundriss der Bakterienkunde. Von Dr. CARL FRAENKEL, a. o. Professor der Hygiene an der Universitäts zu Königsberg i. Pr. Dritte Auflage. Berlin: August Hirschwald. 1890.

NO more striking proof of the advances that have been made within the last year or two in the study of bacteriology can be afforded than is given by a comparison of the last edition of Professor Fraenkel's Elements of Bacteriology with the second edition published not quite three years ago. That the growth has not been merely growth in knowledge and experience of the author of what was already known is evident, for not only has Professor Fraenkel contributed his share to recent advances, but numerous contributions by many workers are recorded as having been made, during the short intervening period, along the whole line of bacteriology. As a result the book has increased in size from 374 to 515 pages; but more important still, full descriptions of six additional non-pathogenic species have been given and of four other pathogenic forms; whilst the fuller descriptions of the forms hitherto mentioned point to an intension and an extension of our knowledge of the subject. The alterations have gone beyond those involved in the mere alteration in the amount of knowledge to be gained from this book; there is a manifest difference in the character of the information given.

In the pages before us one cannot but feel that an attempt is made to convey the idea that investigators are now convinced that, although the morphological phase of the study of bacteria has not yet entirely passed, the great bulk of the work that remains to be done must be tackled from the chemical and from the physiological or biological side. Even the phraseology and use of terms have been altered as the biological problems connected with bacteria have had more light thrown upon them; and it is interesting to note that, instead of using the term "saprophytic" bacteria, Fraenkel applies to them the term "non-pathogenic" in deference to the opinion that has been rapidly developed in more recent years that even the pathogenic bacteria may have true saprophytic phases of existence.

Following the introductory chapters in which a general survey of the morphology and biology of bacteria is made is a chapter devoted to an exceedingly good description of the general appearances of bacteria, of the apparatus used in their examination and cultivation, of the reagents required, and of the methods of microscopical examination in fluids and in more solid tissues. This section may be commended as being not only well condensed, but as bringing the subject thoroughly up to date. The same criticism applies to the chapter on methods of cultivation, in which we have, in a compass of less than eighty pages, a most comprehensive account of the various methods now used by bacteriologists in obtaining pure cultivations of the different bacteria. The chapter on methods of infection, inoculation, and the special characteristics of pathogenic bacteria is entirely recast. It is in this part of the book that the most important changes have been made, the whole question of inoculation, diminution and increase of virulence, and the connexion of these with the subject of immunity, being brought well up to date, although Professor Fraenkel appears to

wish to give a *résumé* of what has been written on the subject rather than to dogmatise and give interpretations, a course the adoption of which in the present position of the subject is essentially rational.

In describing the various species of bacteria Professor Fraenkel gives first the general characteristics and conditions under which the organism exists, its morphological relations, and its method of multiplication, and then describes its appearances on plate cultivations, upon the various cultivation media, its special characteristics, and the effect it has in giving rise to special colour, septic, or other products. He adds to the list of organisms already described, amongst the non-pathogenic species, the following: bacillus indicus; bacillus phosphorescens; Fischer's ordinary "light bacillus" (einheimischer leucht bacillus, or indigenous bacillus, in contradistinction to the West Indian form) which was found in the water from the harbour of Keil; and a third form the bacterium phosphorescens; the bacillus spinosis of Lüderitz and the spirillum concentricum; and amongst the pathogenic organisms the bacillus of Rauschbrand (or symptomatic anthrax); the vibrio Meschnikoff (described by Gamaleia, who has worked so much with it in his researches into the subject of inoculative protection against cholera); the bacillus of tetanus (described by Kitasato, and worked out further and independently in Copenhagen, in France, in Italy, and in Germany), and the organisms that give rise to rabbit septicæmia and schweineseuche, which, in the present edition, are included under the common heading of "hæmorrhagic septicæmia."

The lectures close with a good description of the methods used in the examination of air, earth, and water; whilst in a short appendix is given an account of some of the more common moulds, the skin parasites, and actinomycosis.

As a good working text-book in which something more than mere descriptions are given, this book will be found to be exceedingly useful, and it offers evidence that Professor Fraenkel, in his new sphere of work as professor at Königsberg, will add lustre to the reputation for teaching and investigation that he has already gained under Koch in the Hygienic Institute at Berlin.

The Collected Writings of Thomas De Quincey. New and Enlarged Edition. Vols. I.–XI. By DAVID MASSON, Professor of English Literature in the University of Edinburgh. Edinburgh: Adam & Charles Black. 1889-90.

THE nineteenth century, now within a decade of its close, has produced some greater but very few more singular types than Thomas De Quincey. At once a poet and a logician, a weaver of the most imaginative, most rhythmical prose, and a proficient in what Carlyle has called the "dismal science"—political economy, to wit,—he reconciled the two antithetic extremes of intellectual activity, the poetic and the scientific, while in every intermediate gradation between either pole he achieved success enough to merit solid and lasting fame.

And as if nature had not endowed him sufficiently with characteristics so seldom found in combination, habit, depraved habit, artificially acquired, imported a new element of singularity into his exceptionally constituted mind. From early youth he was an opiophage, and as years advanced he became so enslaved by the drug that his system grew tolerant of an indulgence in it excessive beyond nearly all previous example. One effect of his daily dosing himself with laudanum was undoubtedly this: it limited his "staying power" as a thinker and composer. His mind, wound up to brilliant effort for a short period, ceased to operate when the stimulant described the descending curve of the parabola; and hence it is that wellnigh all his work is fragmentary or, rather, fugitive, resembling what the Laureate terms "swallow-flights," coruscating during their brief course with aerial swiftness and grace, but soon coming to a standstill on the first convenient perch that offers itself.

Continuous effort on one great theme, with a beginning, a middle, and an end, was thus denied him; but what he lacked in bulk he made up for in variety. Horace's "bee of Matinus" does not flit from flower to flower, culling sweetness and flavour, with more limitless diversity of choice than this most versatile, most penetrating, most assimilative genius wings his flight from "grave to gay, from lively to severe," always selecting with faultless instinct the quarter whence the appropriate pabulum is most richly to be drawn, and never leaving it without perquisition and contribution of the best it can be made to yield.

His collected writings are in this way a magazine of "short studies," mostly on "great subjects," so infinite in their variety that there is hardly a mood of mind which cannot suit itself from their abundance. Poetry and the drama; the *vie intime* of the family, or the mighty stakes for which "high contracting parties" play; education from youth to age, or character-study at every epoch of life; the subtlest psychological introspection, or the noblest structure of dream-reverie; the brilliant historic episode, or the most relentless logical analysis; speculations in religion, in sociology, in politics—the panorama, in a word, of humanity in every phase of civilisation, from the savage to the denizen of the modern city—all find exemplar or illustration in his volumes with an unerring avoidance of the mediocre or the *banal*, and an equally unerring determination to the interesting or the refined.

Nor is it in wealth of knowledge or originality of treatment only that De Quincey excels. Even in his most trivial mood he is redeemed from inanity by the exquisite charm of his style. This he owes in a considerable degree to early and discriminating familiarity with the great masters of literature; his classical training and his command of German at the most impressionable age, coming in effective reinforcement of an eye for form, an ear for harmony, and an appreciation of expression as one of the fine arts, rarely found in unison with such strength of imagination and such aptitude for the more masculine efforts of mind. We have caught this Proteus of literature in the secret of his laboratory, and we hasten to impart to the reader the self-betrayal we have witnessed. In volume the eighth of this edition, in a beautiful essay on Protestantism—which will be read with peculiar avidity for its characterisation of Cardinal Newman—we find: "Development, as applicable to Christianity, is a doctrine of the very days that are passing over our heads, and due to Mr. Newman, originally the ablest son of Puseyism, but now a powerful architect of religion on his own account. I should have described him more briefly as a 'master builder' had my ear been able to endure a sentence ending with two consecutive trochees, and each of these trochees ending with the same syllable—*er*. Ah, reader! I would the gods had made thee rhythmical, that thou mightest comprehend the thousandth part of my labours in the evasion of cacophony." Well may his editor, Professor Masson, exclaim in a footnote to this passage: "A most characteristic lesson from De Quincey on the delicacies of sentence-making!" It is, indeed, a "confession of faith" on the author's part, revealing the fastidiousness of taste with which he was blest or cursed—blest in the success to which a faithful compliance with its dictates finally led him, cursed in the intermediate "limæ labor" before that compliance

had issued in the style which had become second nature to him.

There is no author from whom the members of a busy profession like ours can derive more pleasurable, more profitable recreation than De Quincey. At a time when the daily newspaper, with its hasty writing and its loose thinking, invites the reader with all the temptation of a present interest, it is something to find an antidote to the contagium of such thought and style in the works of a master whose exemption from the faults of journalism is instinctive and unique. Not that he is out of harmony with the contemporary movement of men and things. On the contrary, he is—as the extract on Newman shows—in constant advance of his time, and in not unfrequent anticipation of what has subsequently been fulfilled. But he is, with all that, an artist in style who never commits himself to any "line, which, dying, he would wish to blot." As Dr. Johnson said with perfect truth for the eighteenth century, that the man who wanted to compose English elegantly should devote his days and nights to the study of Addison, so we may say for the busy man of the nineteenth that if he wants a corrective to the faults into which a too rapid school of thinking and writing might lead him, he would do well to have within arm's length the volumes of Thomas de Quincey.

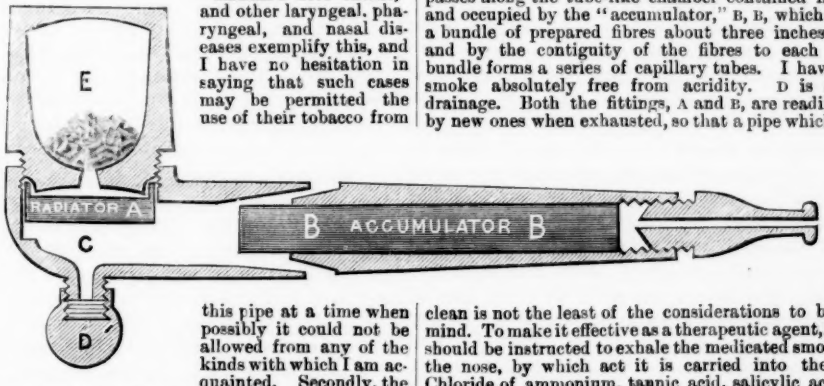
Professor Masson has done his work loyally and ably. Not, however, that he has not committed mistakes. At p. 241 of vol. vi. he tells us that the Augustan History consists of biographies of the later Emperors in which "Trajan and Hadrian" are "skipped." Now Hadrian happens to be the very first emperor in the series, his biography by Ælius Spartianus being about the best of the collection. Again, the accentuation of De Quincey's Greek is inconsistent and faulty. The accents should have been applied uniformly and correctly or not at all.

NEW INFIRMARY, ST. JOHN'S COLLEGE, HURSTPIERPOINT.—Hitherto cases of illness or accident occurring to the boys, some 200 in number, have been treated in an old dormitory set apart as a sick ward. About six years ago Mrs. Cooper, the wife of the Rev. C. E. Cooper, the present head master, conceived the idea of providing a suitable infirmary for the College, and began to collect funds for the object in view. She has now seen the virtual completion of her good work. On the 25th ult. the building was formally opened. It stands apart from the College, and contains adequate accommodation; it has cost about £1200.

New Invention.

THE "THERAPEUTIC" SMOKING PIPE AS AN ADJUNCT TO TREATMENT BY INHALATION.

THIS improved form of smoking pipe is introduced to the notice of the medical profession primarily to provide a means of combating the smoker's habit, and to do away with the injurious element in it to which its baneful effects are due, by abstracting the obnoxious constituents of tobacco smoke, whilst leaving the aromatic principles unaffected, thereby making it available for daily use by delicate or invalid smokers, to whom total prohibition would often be little short of a punishment. The so-called "smoker's heart and concomitant cardiac troubles," "smoker's amaurosis," "smoker's sore-throat," and other laryngeal, pharyngeal, and nasal diseases exemplify this, and I have no hesitation in saying that such cases may be permitted the use of their tobacco from this pipe at a time when possibly it could not be allowed from any of the kinds with which I am acquainted. Secondly, the pipe may be made useful as a means of turning to practical account, and utilising the habit of smoking as an adjunct to treatment by inhalation of volatile medicaments, so that the vapour of the remedy employed may be directed to the affected surfaces. Tobacco smoke is a mixture of several volatile ingredients, the chief of these being (*a*) the volatile liquid alkaloid nicotina or nicotine, which is "a colourless oil at ordinary temperature, but volatilises at 480° Fahrenheit" (Garrod); (*b*) a volatile oil nicotianin or tobacco camphor; (*c*) volatile aromatic principles; (*d*) watery vapour. "The action of smoking as a nervous stimulant is probably not due to the nicotine itself, but to the stimulus of the smoke on the sensory nerves of the mouth and nares, which reflexly stimulates the vaso-motor centre, and so dilates the vessels of the brain" (Brunton). Hence the desirability of getting rid of the nicotine. In the "Therapeutic Pipe" principles for removing the nicotine are carried into practical effect. A reference to the diagram will show that the pipe by a modification in the boring is divided into the three chambers, E, C, and that occupied by the fitting, B B, E being the bowl for tobacco, C, a chamber below E, and occupied by the "radiator," A, which is simply a box with a perforated top and bottom, and fits tightly on the bush on the under surface of the bowl by means of a projecting rim. If this box be filled with any fine powder, all the smoke passing through the interstices will come in contact with the particles of powder and be robbed of its heat, which is carried away by radiation through the pipe head. If the powder be a volatile one, this fact is available for therapeutic purposes. The smoke next enters the "smoke chamber," C, where it is further cooled. Thereafter it passes along the tube-like chamber contained in the stem and occupied by the "accumulator," B, B, which consists of a bundle of prepared fibres about three inches in length, and by the contiguity of the fibres to each other this bundle forms a series of capillary tubes. I have obtained smoke absolutely free from acridity. D is a cup for drainage. Both the fittings, A and B, are readily replaced by new ones when exhausted, so that a pipe which is always clean is not the least of the considerations to be borne in mind. To make it effective as a therapeutic agent, the patient should be instructed to exhale the medicated smoke through the nose, by which act it is carried into the pharynx. Chloride of ammonium, tannic acid, salicylic acid, benzoic acid, and sulphur have all yielded satisfactory results, especially the first two. Another possible use of the pipe is that of an insufflator, for by taking out the accumulator, B, and charging either the radiator, A, or the empty stem with the powder to be insufflated, and then without using tobacco, perform the act of smoking, the current set up will carry the powder well back into the fauces, the suction greatly facilitating this. Most of the wholesale chemists will be able to supply all requirements. Messrs. Woolley, chemists, of Manchester, and Sumners, chemists, of Liverpool, already have them with fittings supplied to stated formulæ.



Bowdon, Cheshire. C. W. JONES, M.B.

THE LANCET.

LONDON: SATURDAY, OCTOBER 11, 1890.

THE Medical Session of 1890 has been auspiciously begun. If the work of it corresponds in any degree to the loftiness of the sentiments and the aims which have been expressed, it will indeed be "the fair beginning of a time," and the medical name will stand higher and higher as the years multiply. They are indeed responsible who would ruthlessly abolish Introductory Lectures, which give occasion for a general survey of the education and calling of medical men which is highly interesting. Take this year's Addresses and the authors as a specimen of what we should miss, not only in London, but in the provinces. The authors included men in every branch of the profession—men in the front rank of consultants, like Sir JAMES PAGET; in the front rank of teachers, like Sir WILLIAM TURNER; in the front rank of operators, like Sir SPENCER WELLS; as well as men of every age and of every school of medicine and surgery. Students of the very schools that have no Introductory Lectures derive advantage from those that have them, and catch the inspiration of views and thoughts uttered elsewhere. We have two pieces of advice to give to the medical students who are now beginning their work. The first is to read all the Introductory Lectures they see reported, and the second is to try to realise the ideal work they suggest. The first few days of the session are well employed in taking stock of one's own ideas of the profession, and in comparing them with the representations of men who speak with such rich retrospects as Sir JAMES PAGET and Sir SPENCER WELLS. When these leaders began practice half the great achievements of surgical art now witnessed daily were unpractised or unheard of. Abdominal surgery consisted in little more than tapping an ovarian cyst. Now it undertakes its removal with little more fear than a dentist has in removing a tooth, and with infinite success in the saving of life. But it includes much more: the removal of gall-stones, of intestinal calculi, of renal calculi, the suturing of rent bladders and wounded intestines. When they began practice hospitals were not the safe places for surgery they are now. Patients died as much of the air of the hospital as of their wounds; the said wounds looked and smelt very different from anything seen or realisable by the present race of students. The art of stopping hæmorrhage had been long discovered—that of stopping pus had not yet been learnt, so that pints and pints of this discharge, of the most unsavoury description, welled from compound fractures and other wounds, to the exhaustion of the patient, the poisoning of the atmosphere of the hospital, and the great discredit of otherwise good surgery. The abolition of "hospitalism" is an achievement of the last thirty years, and it alone would justify Sir JAMES PAGET'S eulogy of M. PASTEUR and Sir JOSEPH LISTER. It stands by no means alone, but only as a part of a new world of discovery and insight which has rewarded the use of stricter methods of investigating the causes of disease, especially of those diseases which chiefly determine the healthiness of men and the duration of their lives. If these gentlemen can report such advances within the comparatively short period of their own life, with what hope may the present generation of students begin to prosecute their work. The instruments of research and the means of diagnosis are ever being made more perfect, and the possibilities of therapeutics are being daily widened. The man who has identified the bacillus of the hitherto most hopeless and fatal disease of mankind, in Europe at least, has already visions of an efficient remedy. There is yet time for him to be forestalled by one or other of those students to whom high words of advice and stimulus have just been spoken. Thirty years ago Sir JOSEPH LISTER probably did not dream that he would live to revolutionise surgical treatment by the antiseptic treatment. It is fairly within the rights of young students of biology now to dream that they may live to discover the means of destroying the bacillus of tubercle without destroying the patient. It is something to be commencing life on the threshold of the time when such consummations are to be expected, and to be members of the profession to which men look for such benefits.

It cannot, however, be too clearly understood that such consummations are likely to be reached by those only who take seriously the prosaic advice contained in all the addresses. Dr. M. HANDFIELD JONES would have students cultivate "individualism." By all means. But let every man be sure as to his individualism. Let it not be egotism, or conceit, or the mere appropriation of other men's ideas without knowing that they are such. Above all, let it be something worth claiming, something real and true, something representing honest work and consistent with reverence for the honest work of all other men. Dr. HANDFIELD JONES is right in discouraging that routine of education which consists in blindly adopting the words and formulæ of others without testing them for ourselves. For whole generations and centuries medical men were enslaved by this habit. Authority was made to play in medicine the part which revelation plays in a sister profession, and men like GALEN and CULLEN blocked the way of all original investigation. Such an abuse of authority is scarcely likely to be seen again in our profession. The large introduction of science into preliminary education, the revolutionary changes of practice of recent years, and the astounding discoveries which have been made, make it more and more impossible. We have not space to note the points made by other lecturers, some of whom, like Mr. WINTERBOTHAM, dealt with the history of medicine, and others, like Mr. BENNETT, Dr. BARLOW, and Dr. SIDNEY ROBERTS, with details of duty in medical students; others like Sir WILLIAM TURNER, with the fundamental sciences of medicine, and the yet more fundamental habit of minute and accurate observation, on which Sir JAMES PAGET, too, so eloquently enlarged. Four or five years hence will be shown the difference with which these counsels to students have been appreciated and received. Some will be found to have received instruction

mechanically and superficially; others to have been stimulated by it to diligence, to the personal appropriation of knowledge, and even the discovery of new truth.

OUR English medical schools are now all busy again. Teachers and students alike have returned to their work with renewed vigour, and such system as may be said to exist among us at all is now to be seen carried out in its best style. The great share that clinical teaching occupies in the medical curriculum, and the high appreciation it meets with when good, are a sufficient justification for our saying a few words upon it. This is not the time to emphasise its importance to the student; we would rather discuss some of its peculiar features. But any attempt to do this is rendered difficult by the extreme variety in the methods which are commonly grouped under the head of "clinical teaching;" and that we may limit ourselves within reasonable bounds, let us say at once that two common forms of it we do not regard as exactly conforming to the proper standard of, and as being therefore unfit to be designated, "clinical teaching." On the one hand, we have the merely casual comments of a physician or surgeon during his hospital visit, sometimes witty, sometimes wise, but rarely of lasting value to the learner. On the other hand, we have the elaborate clinical lecture, in which a more or less learned dissertation on a single case, or a series of cases, is delivered in an ordinary lecture theatre, with little or no demonstration, and no resort to question and answer. We are inclined to doubt very seriously the value of such lectures to medical students, as distinct from ordinary systematic courses of instruction. It often happens that in these clinical lectures subjects which escape sufficient notice in the systematic course are dealt with fully, and they are then a useful complement to it. But the number of teachers who are able, by reading notes of a case or by oral description, to call up the vision of a patient before the eyes of their class and make him tell his own tale, is so small, that we fear that, as a rule, these regulation clinical lectures are only of value as complementary to systematic courses of lectures. If for such reasons we exclude these two forms of teaching, it is easy to see what are the main elements of good clinical teaching. The first is that it shall be careful, deliberate, purposive, and if not specially prepared, at any rate, the outcome of previous thought. The clinical teacher must be as much in earnest as the didactic. As we have said, casual comments are of little or no value. There are some teachers who impart a great amount of instruction in the form of short comments on a case—a word only; but such men are speaking from a very large and accurate experience, and their brief sentences are but very terse expressions of the outcome of much thought. The second great requisite is that the teaching shall be all centred in a patient or patients actually before the eyes of the students, and that it shall be so far as possible a demonstration. In form, it should largely consist of question and answer, as this best enables a teacher to grapple with the difficulties of a student, to appreciate the position he has reached, and to assure himself that he understands the subject under discussion. To observe these conditions necessarily imposes certain limits upon a clinical teacher.

Elaborate discussions of etiological and pathological problems and details are out of place, and these matters should be touched upon only so far as they throw light upon the case in point. The pathological explanation of clinical phenomena should, of course, be dealt with and the meaning of symptoms explained. But the chief place must always be taken by a careful investigation of symptoms and a discussion of the differential diagnosis of the case. The student should examine the patient for himself, and so learn how to "tackle" a case, in regard alike to the way in which to put questions, the method of investigation to be adopted, and the correct eliciting of symptoms. The first great lesson we all have to learn in such work is to be accurate and purposive. Each question should be put to obtain information on some definite point and for a special reason. Every part of an examination should be made with some particular aim in view, and each observation should be precise and definite. The relative importance of different symptoms from a diagnostic standpoint should also be dwelt upon. In a didactic lecture symptoms are often enumerated; in a clinical demonstration they ought to be "weighed." And so the actual process of diagnosis should be gone through by the student under the direction of the teacher, and in full view of the class. Care should be taken to notice individual peculiarities of patients and their diseases. In the systematic lectures, groups of cases and types of disease are described, but in a clinical demonstration a particular individual is studied. The one corrects the other. The tendency to regard disease and injury as closely following a type needs to be corrected by a knowledge of the very wide individualism in medicine. This applies to prognosis and treatment more than to diagnosis. And as to these, we need say only a word; they should be dealt with simply as regards the individual who is being examined. A clinical demonstration is not an occasion on which to describe and appraise all the modes of treatment recommended for such and such a case. Rather is it the teacher's duty to make his pupils familiar with the particular case under review, and to adapt the treatment to special indications presented by it. Nearly all great clinical teachers have been content to go over the elements of their subject time after time, and have carefully avoided the finer points of clinical medicine or surgery. And this method should govern the selection of cases to be used for clinical teaching. Rare cases should be eschewed, the more common ones gladly accepted. Now, if clinical teaching is to be carried out at all on the lines we have laid down, it must take time, thought, and preparation, and the time given to it should be kept quite apart from that devoted by the teacher to his personal care of the sick and observation of the cases.

The last point to be insisted on is the value of the teacher's own individuality. This varies within wide limits, but is of great importance, and although we have been expressing ourselves dogmatically as to the great requirements in good clinical teaching, we have yet had in view this qualification, that every clinical teacher should mark out his own path, which in minor particulars may vary from that of colleagues. We are persuaded that a good change would be effected in medical teaching if the stereotyped clinical lecture were to be almost entirely

abolished; if in its place regular clinical demonstrations were to be established, conducted mainly by question and answer; and if a clear distinction were to be recognised between visits paid for the benefit of the patients and others paid for teaching purposes. Good clinical teaching involves much labour, is only done really well by men with certain special faculties, but it should play a part in the medical curriculum second to none.

A FEW weeks ago we drew attention to the subject of child wives in India in its social relation, and referred to the necessity of some reform being made in the marriage laws. We advocated support of the memorandum to be submitted to the India Government, in which the desirability of extending the marriageable age of young females is affirmed, as well as other important aspects of the matter to which the attention of the authorities is drawn. We are persuaded that our profession should speak out against the shameful customs still prevalent in our Eastern Empire under the influence of religious and other prejudices, which are so opposed to reason and sentiment. This has been more forcibly impressed upon us by the perusal of a very interesting and able paper read before the Calcutta Medical Society by Dr. K. MCLEOD on the Nubile Age of Females in India. In this communication he deplores the absence of carefully recorded facts so necessary to the formation of sound scientific conclusions regarding many questions connected with this subject: as, for instance, the most common age of first menstruation and conception, the consequences of parturition in these young mothers, the health of the offspring, and the effect of early maternity on the general stamina of the Indian races. He asks his *confrères* in India to assist in bringing before the profession a mass of carefully ascertained facts regarding these and cognate subjects. Reference is made to a case tried in the Calcutta High Court, in which death resulted in consequence of the injury done to the generative organs of a girl from sexual intercourse with a fully-developed man aged thirty-five, the girl being only eleven years and a quarter. At the post-mortem examination rupture of the upper part of the vagina was found, close to the os uteri, but there was no injury at the vulva, and "no trace of hymen" indicating, it is averred, that coitus had taken place on previous occasions. These individuals were married persons, it being considered "disgraceful" by the Hindu community that a girl should remain unmarried even until the onset of menstruation, which is recognised by the majority of the native races of India as an indication of maturity and proof of fitness for marriage. As a result of this absurd Hindu custom many girls are married at the age of nine or ten years, although it is professed that the consummation of marriage does not occur until after the first menstruation, but it was brought out during the investigation of this case that pre-menstrual coition is largely practised, and we are informed that this is no isolated instance of death occurring in immature girls under the age of puberty from the injury resulting from sexual intercourse. Dr. MCLEOD had heard of several cases, while Dr. CHEVERS, in his work, reports fourteen, and Dr. HARVEY, in his report on Medico-legal Returns, gives five similar cases. In many instances in which fatal injury takes place the exact cause of death is concealed, or, misrepresentation being made, it is attributed to other causes. Short of death in a large number of cases there are found to be great suffering and considerable physical injury to the genital canal of these children, and their after life is embittered in a large proportion of cases by more or less permanent serious results. In some of these youthful betrothals before menstruation becomes established, we are informed that, in order to anticipate any laceration of the genital passage, mechanical means are had recourse to in order to effect dilatation. Surely such a state of affairs is a disgrace to any community—that, under the sacred name of marriage, mere infants should be treated in this barbarous fashion. The knowledge and recital of such facts are sufficient, we think, to cause the profession in this country to fully corroborate the propositions set down in Dr. MCLEOD'S paper; first, that "female children under the age of puberty are physically unfit for sexual intercourse, and that such intercourse with sexually immature female children, under any circumstances, should be declared an offence punishable by law." According to the present legislation this applies only to infants under the age of ten years, and the object of the opportune discussion of the subject is the desire to raise the age to twelve years, and this is the second proposition contained in the paper, that "puberty or sexual maturity is very seldom attained by females in India before twelve; and that the period of immaturity demanding legal protection may reasonably be defined and limited by that age." Making allowance for the earlier development of menstruation in females in India where climatic conditions and racial qualities no doubt exert some influence on its appearance, we must bear in mind that the occurrence of this function is not in itself an absolute indication of maturity of system any more than it is in the females of European races. We find that development goes on for several years after its establishment, so that we most cordially concur in the last proposition advanced, "that general and not sexual maturity should govern and determine the question of marriage." This, we think, is a most important point, in view of the statement made by a native medical witness examined in the case reported, that in about 20 per cent. of all marriages children were born of girl mothers from twelve to thirteen years of age, and suggests serious questions for the members of our profession in India to investigate, concerning alike the result of early maternity in these young females, the health of their offspring, as well as the effect upon the well-being of society in general.

DR. C. R. DRYSDALE has published a second edition of his paper on the comparative death-rate of total abstainers and moderate drinkers. He says he had not intended doing so, thinking the facts generally accepted, but was led to alter his mind by the appearance of statistics purporting to have emanated from a committee of medical men appointed by the British Medical Association, and published at the meeting of the Association in Huddersfield. Dr. DRYSDALE is of course aware that Dr. ISAMBARD OWEN has done all he could to correct misunderstanding of these figures; but it cannot be wrong to publish from time to time facts which, to say the least, are very striking, and which seem

to show that in most offices which draw a distinction between the lives of abstainers and those of moderate drinkers the claims are greatly less in the case of the abstainers than in that of non-abstainers. In the Temperance and General Provident Institution the claims were to the expected deaths only 70 per cent.; in the general section they were 99 per cent. In the Whittington Life Office it was found that in three years the deaths in the abstainers' branch were at the low rate of 23 per 1000, while for the general section the death-rate was 50 per £000 for the same years. Dr. DRYSDALE also mentioned in his paper that three or four insurance offices were keeping separate accounts in the Accident business, as between total abstainers and others. The premiums are more reduced for abstainers, and the bonuses are larger. He also quoted some statistics showing the less amount of sickness experienced in Friendly Societies where the members are abstainers. Thus the Sons of Temperance have 7·48 weeks of sickness in equal times for each member, as against 26·20 weeks of other groups of members of non-abstaining Friendly Societies. But these statistics are based on a comparatively small number of abstaining lives and are not very reliable. The discussion which followed did not throw much light on the explanation of what seems an enormous advantage on the side of teetotallers in respect to longevity and the amount of sickness. One remark by Dr. RICHARDSON is noticeable, though questionable. He entirely and absolutely denied that drinkers take less food than teetotallers, and he based his opinion chiefly on his experience of the wealthy abstaining classes of Ireland, obtained during a visit there. He argues that a household of teetotallers with teetotal servants expend 20 per cent. less on food than another household of the same style. He further remarked that the element of *worry* in those who do not abstain was apt to lead insensibly to unsuspected excess in the use of alcohol. One thing in all these statistics needs a little more certification—the absolute teetotalism of the alleged abstainers. The offices do not seem to us to have any satisfactory way of ascertaining whether the so-called abstainers do abstain, and how far the moderate section are merely moderate. The real lesson of the statistics probably is that a little excess, of which many people are guilty without suspecting it, damages health considerably more than we have been apt to think. This was the burden of Sir WILLIAM GULL'S evidence before the Lords' Committee, and it is unmistakably true.

Annotations.

"Ne quid nimis."

LIFE ASSURANCE IN THE CIVIL SERVICE.

MANY attempts have from time to time been made to popularise the practice of life assurance by including whole groups or classes of persons in some comprehensive scheme; and it has been remarked with much truth that an office which could effect policies on the lives of all the people who in the course of a day pass by Charing-cross might be fairly well content with its selection of risks. The latest embodiment of this idea does not, however, strike us as being a particularly happy one. The North British and Mercantile Insurance Company has effected an arrangement with a committee representing the Civil Service, by which the company undertakes to grant policies to all applicants who are members of the service, and effect insurances with the company during the next two years, making no inquiry as to the applicant's present state of health, provided he is now in active service and had been subjected to medical examination for the purpose of his admission to the service. Other concessions are made relating to the amount and mode of payment of premiums and such-like matters, adjusted no doubt to the company's scheme of premium charges and to the requirements of the case. These it does not fall within our province to discuss, but the wholesale acceptance of risks without any sort of medical examination, and even without inquiry as to the facts of a proposer's medical history, seems to us to be such a departure from wholesome custom as cannot possibly be justified. The company has bound itself to accept all risks that offer under these onerous conditions up to the limit of £1000 apiece, and it needs no great insight to foretell that the offer will attract a great rush of undesirable proposers. An examination which took place ten, twenty, or thirty years ago, and in some cases still farther back, cannot afford any guarantee of present soundness, and the test of active service, though evidence of a certain minimum of physical capability, is no evidence at all of freedom from serious and even mortal disease. It is hardly open, we think, to doubt that the company will be found to have made a most improvident bargain, and we hope that the directors, having been bold enough to make this strange departure, will hereafter have the public spirit to publish for the information of the world at large the financial result of their experiment.

THE LUNACY ACT, 1890.

WE have received a copy of a reprint of a paper on the Lunacy Act, 1890, by Mr. C. T. Street. After stating that the new Act is the outcome of a freely expressed discontent on the part of the public with the Lunacy Laws as they existed, Mr. Street says he is inclined to think that the additional legislation enforced by this Act will be found rather to increase than diminish the difficulties already experienced by medical men in placing their patients under asylum treatment, and he cannot see that it will in any way benefit the patient either by making him more contented with his lot or hastening his recovery. Instead of abolishing private asylums, which was the avowed object of the original Bill, the number of houses where lunatics may be received for profit has been increased by allowing medical men to receive two or more insane patients into their own houses without even a licence, or the supervisory visitation required in the case of licensed houses. Mr. Street goes on to say: "Every unfortunate person who now becomes insane is to have an inquiry held upon him by a judge or magistrate, like a criminal, as if his disease were a crime, impressing on his mind, perhaps already perplexed by hallucinations and delusions of suspicion and doubt, or oppressed by gloomy despair and wretchedness, the idea that his liberty has been taken from him for some crime of which he knows nothing, or confirming his delusions of self-accusation or unpardonable sin for which he thinks he is now to be justly punished." He strongly approves of the provision by which the usual medical attendant shall, when practicable, be one of the certifying physicians. This, to his mind, is a greater safeguard against improper confinement than all the magistrates' orders put together. He regards the judicial interference as the most objectionable measure that has been passed both as regards the patient and his friends. Referring to the use of the "Urgency Order,"

he thinks it will be found the most convenient and expedient method of admitting patients, as most recent cases of insanity are urgent. One advantage of the Act consists in the protection it gives to medical men generally who sign certificates of insanity; and another is that it allows persons wishing to place themselves under care and treatment to enter private asylums as voluntary boarders, without any order or medical certificate. Mr. Street gives useful hints to medical practitioners in filling up certificates, and generally goes over the clauses in the New Lunacy Act which affect the interest of members of the profession in their dealings with the insane.

ILLUSTRATED JOURNALISM.

WHILST fully admitting the skill and enterprise with which our young contemporary, the *Daily Graphic*, is engaged in attempting to furnish a pictorial record of current affairs, and giving the management full credit for their endeavour to arouse an interest in the work of our great metropolitan charities by illustrations of hospitals and their inmates, we feel constrained to point out that such representations may, if care be not exercised in the selection of "subjects," tend to defeat their purpose. This caution is, we think, justified by the publication of a sketch in the issue of that journal for Oct. 6th, to which a correspondent has drawn our attention. The artist has depicted what purports to be a scene in the "surgeon's room" of a well-known hospital, and our correspondent remarks that "if patients see that the privacy of hospitals is liable to be invaded" in such a manner, "they will not resort to hospitals except in cases of the last necessity." We confess that there is some reason in his remark, and could at least have hoped that the artist had selected some other subject for the display of his talent. To be sure, he might quote the example of not a few pictures in the Paris Salon (notably one now to be found in the Salpêtrière Hospital) in justification of his selection; but the taste for such realistic reproductions of the out-patient room has happily not hitherto been cultivated on this side of the Channel.

DEATH UNDER CHLOROFORM AT BRISBANE.

DR. WM. S. BYRNE, hon. physician to the Brisbane General Hospital, has favoured us with the following account of death during the administration of chloroform:—

"N. M——, a man of intemperate habits, and about forty years of age, was given chloroform on August 12th for the purpose of having several fistulæ in the perineum opened up. Dr. Love administered the anæsthetic, and I was about to operate. The patient was prepared in the usual way, a brisk purge having been given the night before, and no food being allowed for six or seven hours prior to the operation. About thirty drops were sprinkled on a flannel, and for about ninety seconds everything seemed to be most satisfactory, but shortly after some more chloroform had been dropped on the flannel the patient became very excited and the face suffused. Immediately after his pulse became very weak, and I called Dr. Love's attention to it, but then it had stopped altogether, although the breathing was quite as good as one could wish. The chloroform was at once removed, and we waited the development of events, trusting the pulse would improve as the man was breathing so well; but after the space of fully forty-five seconds his breathing began to fail, and artificial respiration and all the usual remedies were used for a long time, but without avail. I was present at the post-mortem examination, which disclosed lungs infiltrated with tubercle, a heart healthy as to the valves, but walls of right ventricle rather thin, and a liver slightly fatty. This case is interesting from the fact that the breathing remained good for fully forty-five seconds after the pulse had ceased beating, and only then began to fail. I may mention that the amount of chloroform used did not exceed one teaspoonful."

In persons of intemperate habits more or less fatty changes are found in the organs, as in this case, and the heart sharing this morbid change is more prone to succumb to unwonted exertion. The prolongation of the period of struggling, which slow chloroformisation renders inevitable, seems to be peculiarly unfavourable to fatty hearts by the greater strain it causes. The muscles of the abdomen and chest walls become rigidly fixed, and so respiration and blood circulation are hampered; and the heart, called upon to contract and dilate under increased pressure, fails to accomplish the task, and fatal cardiac syncope ensues. The post-mortem examination in the case mentioned above showed, moreover, that the ventricular wall was thinned, and so a further disabling factor was at work. The publication of such cases is of great value; indeed only by this means can we hope to accumulate trustworthy clinical knowledge of the action of chloroform.

THE PAVY GYMNASIUM, GUY'S HOSPITAL.

AN interesting ceremony took place on Wednesday, Oct. 8th, at Guy's Hospital, when Dr. Pavy formally handed over to the Gymnasium Committee of the Student's Club the gymnasium which he has built and furnished for their recreation. Mr. Arthur Durham, the President of the Student's Club, took the chair at the meeting which was held in the gymnasium, and there were present the Treasurer of the Hospital, Mr. Shaw Stewart, many members of the hospital staff, and a large number of students. Dr. Pavy, who was received with great enthusiasm, pointed out the physiological reasons which had led him on his retirement from the acting staff of the hospital to choose a gymnasium as a gift to the present and future students, and expressed a fervent wish that it might be a means of promoting their health and success. Mr. Bligh, the secretary of the gymnasium, in heartily thanking Dr. Pavy for his generous gift, made an interesting statement as to arrangements that have been made for instruction and class practice in gymnastics. The meeting broke up with three cheers for Dr. Pavy. The gymnasium, which is situated in the quadrangle of the New College, is fitted with all the most modern appliances, and is adjacent to the bath-rooms and lavatories.

THE CASE OF PAUPER LUNATICS.

THE Bristol magistrates have incurred a just rebuke at the hands of a coroner's jury of that city for having strangely neglected to take proper precautions for the safe custody of a pauper lunatic who recently committed suicide in the Fishponds Workhouse. The pauper had on more than one previous occasion manifested a suicidal tendency, and had been certified as insane by the medical officer of the workhouse. The medical officer's certificate was duly submitted to the magistrates, who, however, formed an opinion of their own, and refused to make the necessary order for the detention of the unfortunate woman as a lunatic. The consequence was that she was left to take her place among the other inmates of the institution, and easily found an opportunity of committing the suicide on which she was bent. In view of what has occurred, it cannot now be contended that the magistrates were not wrong, or that the medical officer was not right; and in this state of facts it is worthy of note how serious an infraction of the law in its spirit, if not in its letter, the mistake of the magistrates involved. The Act of last year expressly provides that no person shall be

allowed to remain in a workhouse as a lunatic except upon a magisterial order and under proper treatment. Here was a lunatic, known as such, allowed to remain in the workhouse, not indeed as a lunatic, but as a sane pauper, in spite of the facts, and thereby occasioning trouble to attendants, inconvenience to other inmates, and fatal risk to herself. The fact that she was not allowed to remain in the character of a lunatic no doubt takes her case outside the letter of the statute, but the absurdity of allowing an actual and recognised lunatic to remain in a workhouse absolved from proper custody is too evidently obvious to be pleaded as a compliance with the statute. We do not for a moment doubt that the worthy magistrates whose ill-founded self-confidence led them into this mistake have found time and occasion since then for very sincere regrets, and we have no desire to reiterate the reproaches which have very naturally been directed upon them from various quarters. But we hope that this conspicuous illustration of the folly of conducting the public business blindfold will convey not only to the members of the Bristol bench, but also to the magistrates up and down the country, a vivid sense of the necessity for the greatest and most painstaking circumspection in the exercise of the large and important powers with which they are invested by the recent Lunacy Act.

SENDING CASES OF INFECTIOUS DISEASE BY RAILWAY.

THE Sanitary Authority of the Isle of Wight have lately had under their notice a case in which a girl with bad throat symptoms, indicating, in the opinion of Dr. Rawlins of Highgate, something infectious, was immediately despatched by her mistress for Yarmouth, Isle of Wight, at twenty minutes to four in the afternoon. Anyone who knows what a troublesome journey to persons in health that to the Isle of Wight is will realise what it meant for a girl who was ill. On her arrival at Yarmouth she was found covered with the scarlet fever rash. For the public we cannot know how disastrous it was. But she travelled in a cab, in two trains, in a steamer, and presumably in a cab at the Yarmouth end of the journey, unless we suppose that the poor girl, with a very bad throat, and covered with the rash of scarlet fever, walked to her home at nine or ten o'clock at night. None of these conveyances, we presume, were disinfected. Such conduct is inexcusable. The Sanitary Authority will certainly fail in their duty if they do not bring the law to bear on this case. The mere expression of their strong disapproval is of no use. The case ought to have been kept in the house till a positive diagnosis was possible. The mistress knew enough to secure a separate compartment for the girl, as far as the guard went, in the first train. Her duty was to keep the servant in her house till the exact nature of the case was ascertained, and then either to keep the case in her house or to send it to one of the numerous hospitals provided for such cases. To send her to another island and to a little home in a little place, with no provision for isolation, may have saved her and her household trouble; but we cannot but think this saving was gained at a risk of trouble to others and to the public. We hope to hear more of this case. We complain of the sanitary authorities of health resorts sending typhoid cases to London. London ought to know better than to send scarlet fever cases to health resorts. If it does not, the sooner the lesson is pressed home the better.

THE MEDICAL ART IN ANCIENT EGYPT.

AN interesting chapter in the legendary history of medicine was opened up recently by Dr. Grant Bey of Cairo at a meeting of the Aberdeen Medico-Chirurgical Society. The subject, that of ancient Egyptian theory and practice, was, indeed, sufficiently archaic to guarantee that it should not be too familiar to attract and instruct even a cultivated audience. The lecturer directed his attention chiefly to a consideration of the work of embalming. In this connexion he carefully explained the different methods pursued, the *rationale* of the process, and the results attained. We shall not now enter into these details, but we note with satisfaction that one important collateral matter, that of Egyptian sanitation, has not been overlooked. The impossibility of anything like soil contamination under a system which converted burial into a mere process of antiseptic preservation is obvious. Though certainly less efficient for this purpose than the destructive agency of cremation, it was probably superior to the many imitative methods introduced by modern mummifiers. When the body had been prepared by means of evisceration, stuffing with bitumen, cassia, myrrh, &c., immersion, virtually pickling, for a further term of seventy days in salt, and bandaging in cloth cemented with gums—the series of arrangements under the most perfect system employed—there obviously was little chance of putrefactive decay or infective mischief arising from it. But it was not thus alone that the ancient possessors of Egypt yielded an unconscious obedience to scientific laws which are only now finding their full explanation. They were also most scrupulous in guarding their sacred river against the entrance of impurity. Though some allowance must be made for the fact that such questions as the disposal of sewage must have been simpler of settlement in the days of the Pharaohs than in our own, the example of their more cleanly practice in this respect might well be copied by modern vestries and riverside proprietors. Egyptian medicine has not handed down to our time many valuable traditions. We know, however, that within the scope of the professional magic which worked its "cures" in the temples of Isis, the present fashionable novelties of bath treatment, massage, and hypnotism were carried out with elaborate care. So the cycle of time, while it bears us on to new and newer spheres of discovery and activity, ever keeps in touch with those vital conditions which underlie all treatment and are never irrational, save when they are misinterpreted.

THE HOWARD SOCIETY'S REPORT.

THE excellent work done by John Howard, who died just a century ago, has been well interpreted in the report recently issued by the Society which now effectively sustains that work and his reputation. The reform of prison life and usages was not the sole object of the great philanthropist. It went hand in hand with a variety of efforts directed towards the prevention of crime and vice, and it shared this purpose. Into every endeavour there passed the inspiring force of Scripture truth accepted with untortured text as the simply spoken counsellor of an open mind. The preventive energies to which we have referred still continue to operate. Among the most recent are to be noted the power of exemption from imprisonment allowed at the discretion of the bench in the case of first offenders. This arrangement, we cannot doubt, has done good in the case of young culprits. It has been embodied in the penal code of some Australasian colonies, and might, as suggested in the report, find wider application in this country than it now does. The boarding-out system, long and successfully applied in Scotland, France, and elsewhere to the case of pauper children, is another safeguard and stay of juvenile character which well deserves the approval it receives in the report. Coming now to the large question of prison management, we must confess that some of the disclosures here given are by no means creditable to our national reputation for thoroughness or for progress. One point in this connexion particularly insisted on by Howard was the necessity for the separate

accommodation as far as possible of prisoners in gaol. Notwithstanding his advice and the lessons of experience, however, the "gang system" is still adhered to, and the allotment of one cell to several prisoners is a common thing. In one prison almost all the inmates are in association, and here the result has been a marked excess in the reported number of disgusting immoralities. Sometimes a glaring wrong brings back the memory of past conditions—as, for instance, in the case of a man who, while confined in one room with five others and a warder, was during a whole night literally pummelled and smashed to death, yet the crime was not brought home to anyone. As the result of a trial conducted, be it observed, before the prison authorities, a manifest and suggestive peculiarity in legal procedure, and of several questions asked in Parliament, we only know that no one was found guilty, and that two of the subordinate prison officials will not be again employed. A case more thoroughly unsatisfactory could hardly be imagined. What explanations of it we have are due to the persistent efforts of the Howard Society. These facts, and others which we cannot now discuss, will prove that there are still defects enough in our penal system to justify the existence of the Society. Its claims on public support we would once more heartily commend to our readers, along with its latest publication.

SUICIDE AMONG SCHOOL CHILDREN IN PRUSSIA.

IN our annotation upon this subject, which appeared in THE LANCET of Sept. 20th, p. 630, it is stated that of the whole of the 289 suicides 240 were boys and 49 were girls. The causes assigned were fear of punishment, insanity and mental depression, excessive ambition, and fear of the examinations. In addition to the reasons here given, we believe that two others might fairly have been enumerated—viz., over-taxation of the youthful brain in the amount of work expected of the children, and, especially in the larger towns and centres of education, insufficient out-door physical exercise. In these respects, if the educational system were ameliorated, there can be little doubt that the large proportion of juvenile suicides would be reduced. Innate tendencies to insanity and mental weakness ought also to be considered by the school authorities. We do not mean that the hereditary nature of the mental defects need always be traced back for this purpose; but that for weaknesses that show themselves to be natural in individual children every allowance ought to be made. A disposition to mental irritability, or weariness, or absolute depression shows itself long before the wakefulness, the apprehensiveness, or the dull torpidity, as the case may be, which characterises the onset of active insanity sets in. And it would be well if attention were paid to the fact that it is possible to recognise these earlier departures from the normal state of mental health, and to the obvious benefits arising from a timely relaxation of discipline and mental strain under the circumstances.

THE SUCCINIMIDE OF MERCURY IN SYPHILIS.

DR. SELENEW, who has made comparative trials of the advantages of several mercurial salts for hypodermic use in the skin and syphilitic clinic at Kieff, which is under the direction of Professor Stukovenkow, has recently obtained considerable success by using the succinimide, a salt which was originally recommended for the purpose by Dr. Vollert and was used in Professor Wolff's syphilitic clinic in Strassburg two years ago in doses of about one-sixth of a grain. Dr. Selenew employed larger doses (one-quarter to one-third of a grain) in a solution of the strength of 1 per cent. The injections, of which nearly a thousand were given altogether, were usually made into the cellular tissue of the back or buttocks. In some cases a daily injection for twenty-four days sufficed to cause all the syphilitic appearances to disappear; in most of the cases the treatment had to be carried on for about a month, and in one case for forty days. Thirty-three patients in all were treated. In six the gums became affected. In only one was the pain at the seat of puncture at all severe; usually there was no pain at all. In one case there was abdominal pain and diarrhœa, which lasted for five days. Out of twenty-four cases of primary syphilis which remained under observation for seven months only three developed secondary symptoms, and one of these was that of a man addicted to drink. Comparing the results in preventing secondary symptoms with those obtained by the injection of other mercurial preparations, the succinimide appears to be about as efficacious as the yellow oxide, and very much more so than the alaninate, the salicylate, or the so-called grey oil. Dr. Selenew looks upon the succinimide as a mild and valuable preparation, which may be very useful in primary and secondary cases of no great severity, especially in women and children, because of its slight tendency to cause local irritation. In severe cases a more active preparation, as the yellow oxide, the perchloride, the salicylate, or the oxybenzoate, should be preferred.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

THE committee of investigation appointed by this Society have issued circulars to the various teachers of anatomy, with a view to obtaining information on the following questions:—1. Mode of origin of the following vessels, usually described as branches of the thyroid axis,—viz., inferior thyroid, suprascapular, ascending cervical, and transverse cervical arteries. 2. Mode of distribution of the last dorsal and first lumbar nerves. 3. Observation in each subject of the distance of the lower margin of the kidney on each side from the iliac crest. The sex of the subject to be stated, and any naked-eye evidence of disease of the organs to be recorded. 4 The distribution of the cutaneous nerves on the dorsum of the foot and toes. 5. Notes on the occurrence of a diverticulum ilei (Meckel's), in each case giving details of its position and connexions. It is particularly requested that the number of subjects examined be recorded, whether the diverticulum be present or not. The committee express the hope that the next report issued by them may more fully represent the various schools of anatomy in this country. Reports on the above questions, along with a statement of the number of bodies examined, should be forwarded to the Secretary, Mr. Arthur Thomson, Anatomical Department, Museum, Oxford, not later than April 15th, 1891.

INDIAN WOMEN AND LADY DOCTORS.

IT has long been supposed that, whatever the consideration accorded to it in this or other European countries, the female medical element has found its proper sphere of activity among the women of the East, notably in India. The male practitioner, excluded alike by his sex and his religion, had there no opportunity for the exercise of his art. Quite recently, however, we learn that native opinion as regards this question has undergone a change. In the hospital at Lucknow, for example, it is usually found that native female patients decidedly prefer to be treated by gentlemen in the civil or military medical service, and this notwithstanding that the women's ward is under the care of a female practitioner. It is worthy of remark that the cases treated by operation—most of them by the gentlemen above mentioned—have not been connected with the sexual system. Further, we must remember that women of this class are likely to be of inferior caste and of low social

status. The fact, however, is a significant one, and shows, even if at a somewhat low level, a healthy reaction of opinion in the direction of rational usage and simple, sensible modesty. It is not to be expected that the higher caste women will share these advanced views, at all events for some time to come; but the progress made so far is nevertheless encouraging. It betokens, at least, the development of a spirit of liberality, the one thing lacking for the intelligent and effective treatment of disease among Indian women. Without prejudice to the zeal, skill, and good work done by lady practitioners, we have always maintained that their sex does not as a rule quite reach the level of efficiency attained by their masculine fellow workers. Their position in the profession has not therefore the commendation of necessity, except this be founded, as hitherto in India, on the preference of individuals. For some kinds of service, indeed, for example that of a campaign, they are distinctly ill-suited. In the home, and in all the tender and responsible care of nursing duty, they are simply indispensable, and their scope of usefulness is unlimited. Perhaps, therefore, the changing preference of Eastern women may effect this good—namely, to direct their energies to other functions as honourable as even the practice of medicine.

APPLICATION OF MINERAL ACIDS IN NECROSIS.

ACCORDING to Dr. Ole Bull, who writes in a Norwegian medical journal, the suggestion of an English surgeon to employ sulphuric acid containing a certain amount of sulphurous acid to loosen necrosed portions of bone is not altogether good, inasmuch as sulphuric acid forms sulphate of calcium, which is insoluble and opaque, and so prevents the acid from acting on the deeper layers, besides obstructing the view. He finds, however, that some of the other mineral acids act very much more satisfactorily. After a good many trials he has come to the conclusion that the most suitable application is a 4 per cent. solution of hydrochloric acid, which he has used very successfully for necrosis and caries of the temporal bone. This forms a soluble salt of lime, and is well tolerated by the external meatus, and even by the cavity of the tympanum. In cases where polypi had been removed by means of galvanocautery or by chromic acid, treatment of the stump by hydrochloric acid was very successful, but it was necessary to continue the applications for about three months.

CHINA MEDICAL REPORTS.

THE medical reports issued through the Inspectorate General of Customs in China generally contain valuable information, and the volume for the half-year ending March, 1888, is no exception to the rule. Dr. Alexander Jamieson, in reporting from Shanghai, deals largely with the question of cholera, and, recalling the position taken by Pettenkofer, to the effect that whatever may be the specific germ of that disease it is inoperative for mischief apart from local conditions favourable to its spread, he gives some account of the sanitary circumstances of Shanghai. These are deplorable in the extreme, and the only efforts made to contend with them seem limited to such processes as disinfection. Public sanitation in Shanghai, he states, can never become effectual until it is popular, and to be popular it must be simple and intelligible. If only the side streets, and the alleys and yards, in the Chinese quarter could be effectually flushed, a great amount of good would result, and he urges that the money now devoted to disinfectants should be expended in improving the water-supply and in making it available for this purpose. Contemporaneously with the adoption of similar measures by the sanitary board in Hong-Kong there has been a decrease of more than 100 per cent. in the death-rate from diseases usually associated with insanitary surroundings. Mr. W. A. Henderson, reporting from Chefoo, gives details as to leprosy; and he states that, as far as his experience goes, he has failed to obtain any positive evidence of its contagion. He adds, however, that he has been forced to the conclusion that no reliance whatever can be placed on the statements made by leper patients as to their histories and antecedents, and that it is difficult, under such circumstances, for him to throw light on the problem of the propagation of this disease. Other reports are embodied in the volume from Mr. R. G. White of Chinkiang, on general medical considerations; from Dr. G. R. Underwood of Kinkiang, who quotes some interesting cases of serious mischief from exposure to sun, and certain proceedings taken in a Chinese case of insanity; and from Dr. J. F. Wales of Canton; a special chapter being given on the subject of heat stroke or "ardent fever," the conditions favouring which are held to be, above all others, the saturation of air with moisture and lack of ventilation.

THE BACILLUS OF TYPHOID FEVER.

THE existence of a pathogenic micro-organism in enteric fever is strongly upheld by some bacteriologists, especially on the Continent. Most English observers consider the point not yet proved. In sections of the intestines in cases of typhoid fever numerous bacilli are constantly found; they are grouped together into well-marked colonies, and are not distributed throughout the superficial tissues as in dysentery. They are best demonstrated by staining the sections in a solution of methylene blue, and then washing out the excess of stain in water containing a few drops of acetic acid. The colonies are then seen as small dark-blue masses, the rest of the tissue being a lighter colour. In drinking-water, soil, or fæces, it is almost impossible to recognise them, owing to the presence of large masses of bacteria which are of no practical import. M. Holz[1] publishes some of his investigations with regard to these organisms. He states that they can only be recognised by comparing their appearances and properties with pure cultures. In order to render their detection more easy, Chantemasse and Vidal added to the gelatine on which they were to be cultivated a solution of carbolic acid, ·25 per cent. On this nutrient material the typhoid bacilli flourished, whilst the growth of the others was retarded by the carbolic acid. For the examination of drinking water Holz recommends the following method:—To the water to be tested is added a ·25 per cent. solution of carbolic acid. This mixture is allowed to stand for three hours, and inoculations on nutrient gelatine are then made. If a free growth of colonies takes place, these are composed of typhoid bacilli, all bacteria growing in a similar manner being destroyed. Grauscher and Deschamps have introduced another test. They mixed with the suspected liquid a solution of aniline gentian violet, and then inoculated gelatine plates with the coloured solution. The colonies of typhoid bacilli were then stained violet, whilst the general mass of the gelatine remained colourless. Holz found that this reaction occurred most readily in a slightly acid medium. The most reliable test, according to the same observer, is a combination of the first of the above methods with potato gelatine. For the preparation of this material raw peeled potatoes are well mashed, and then squeezed in linen, the resulting juice being filtered until a clear brown liquid is obtained; to this is added 10 per cent. of gelatine. The reaction of this nutrient fluid is acid. On this the typhoid bacilli grow in a very characteristic manner, and especially remarkable is the transparency of the colonies, so that they can be easily distinguished by their mode of formation from all other

[1] Zeitschrift für Hygiene, viii., 1890.

bacteria. A number of micro-organisms found in food and water cannot be cultivated on the potato gelatine, but some forms of molds and torulæ grow in profusion. This drawback may be prevented by the addition of ·25 per cent. of carbolic acid to the water or liquid to be investigated, then by allowing the mixture to stand for twenty-four hours, and finally cultivating on potato gelatine. If colonies then appear Holz considers that the presence of typhoid bacilli is proved.

"SALE OR RETURN" OF PUTRID MEAT.

IT is hardly to be regretted that a somewhat severe penalty was imposed last week at the Guildhall Court upon a butcher convicted of trading in unsound meat. The history of this case goes to show that such offences are still far from uncommon. Some recognised usages of the trade, moreover, are such as directly favour their occurrence. In this instance the system of "sale or return" was seen in operation. By this arrangement the retail dealer is allowed to return to the wholesale purveyor provisions which have been exposed for sale, but remain on his hands. Whether the hiring process will be repeated with these returns must depend upon the salesman's honesty, which, in the presence of putrid meat awaiting sale, could hardly be guaranteed. The system, however we regard it, is most wasteful, either of the seller's profit or, what is worse, of the purchaser's means and health. In such a case, as the presiding judge observed, public right must be protected, and the sentence of three months' imprisonment must be viewed not only as a punishment of malpractice, but also as a protest against the wanton culture of serious and possibly fatal septic disease.

MEETINGS OF THE MEDICAL SOCIETIES.

MANY of the Societies connected with medicine will resume the work of the approaching winter this month. The Clinical Society will hold its fortnightly meetings on alternate Fridays from Oct. 10th. The Royal Medical and Chirurgical Society will meet at 20, Hanover-square, W., on alternate Tuesdays from Oct. 28th; and at the same building the Pathological Society will meet on alternate Tuesdays, commencing from Oct. 21st. As we have previously notified, the first meeting of the Hunterian Society was held on Wednesday, the 8th inst., and the first meeting of the Obstetrical Society on the 2nd inst. The other societies which resume this month are the West London, the Ophthalmological, and the Harveian. On Tuesday, Oct. 21st, at 3.30 P.M., in the rooms of the Medical Society in Chandos-street, Cavendish-square, a meeting of the Medical Officers of Schools' Association will be held, when a paper will be read by Mr. Noble Smith, entitled "Education without Deformity."

SANITATION OF THEATRES.

THIS question is just now occupying the attention of some of our contemporaries, and it seems almost superfluous for us to insist upon its great importance. It is said that there are theatres in London celebrated for "bad smells," the result of defective sanitary arrangements, and, without being able to point to this or that theatre as defective, we may say that the allegation is not surprising. Theatres have, of necessity, sanitary offices, and we see no reason why theatrical managers should be more alive to the dangers of defective arrangements than is the average householder. There can be no doubt that the evils of sewer air are much increased by defective ventilation. In an airy house, where the windows are generally open, the gases which come from the sewer go out at the window, and the occupants are little the worse. The case is far different, however, when foul gases find their way into a crowded and overheated theatre in which the supply of air is inadequate. Under such circumstances the foul products of the sewer must be inhaled and swallowed by a greater or less proportion of spectators and performers, and the results are headache, dyspepsia, and sore-throat. A crowded theatre with a temperature of 70° F. or over acts like a cupping-glass, and there can be no doubt that if the trapping and disconnexion of the sewers be not of the most perfect kind dangerous gases from the sewer must find access to the house. How delightful must have been the old Greek theatre in which actors and spectators breathed the pure air under a clear blue sky. The primitive theatres set up in the old inn yards in Southwark had at least the advantage of pure air, although the comfort was otherwise probably of a scant order. To-day we go to the theatre to be regaled with a *mise-en-scène* such as is only possible with artificial light. We have gorgeous decorations and luxurious seats, but we are overheated, and have to sit for hours breathing our neighbours' cast-off breath, seasoned with whiffs from the sewers. Next day mamma has a drenching cold, papa is grumpy with a headache, and little Tommy has a sore-throat and swelled tonsils. But why should we medical men, of all people, grumble at insanitary theatres!

THE VALUE OF PUBLIC HEALTH SERVICES.

DR. PRITCHARD has, to the regret of the Town Council of Retford, resigned the post of medical officer of health, which, according to local testimony, he had filled "so efficiently." The reason of this resignation may perhaps be related to a question which transpired at the discussion which took place subsequently to the announcement of the resignation. When it had been decided to advertise for a successor it turned out that the salary was £20 a year. "Would you name that?" suggestively asked the Mayor. This led to further statements on the subject, and in the end it was alleged that a medical officer of health could not afford, for such a pittance, to make enemies by reporting on localities and otherwise doing his duty. But the advertisement will go out notwithstanding.

THE PROPHYLAXIS OF DIPHTHERIA.

AT the recent International Congress the subject of the measures to be taken in averting the spread of diphtheria was discussed in the section of Hygiene. An admirable survey of the subject was given by Professor Löffler of Greifswald, whose researches upon the diphtheria bacillus are so well known. The paper concluded with several propositions (*Berliner Klin. Wochensch.*, No. 40), which may be briefly summarised. The cause of diphtheria is held to be a bacillus, which, contained in the exudation on the affected mucous membranes, is liable to be disseminated in the vicinity of the patient, together with particles of the false membrane. The infectivity of the patient may even persist for a few days after all traces of diphtheritic exudation have disappeared. The strictest isolation of cases is necessary; and children who have suffered from the disease should be kept from school for at least four weeks. The bacilli have been found to retain their vitality in dry membranes for from four to five months. It is therefore essential that all clothing, bed linen, and utensils likely to have been contaminated should be disinfected, either by boiling or by exposure to steam. The room occupied by the patient should be disinfected by washing the floors with warm sublimate solution (1 in 1000), and cleansing the walls and furniture with bread. It is uncertain how long the bacilli may exist in the moist state, but it seems probable that moisture is more favourable to their vitality than dryness. Thus, diphtheria would seem to be favoured by the dampness of dwellings, and also by absence of light. These organisms can exist outside the body at a temperature of

20° C., and they develop well in milk. The sale of this commodity should therefore be carefully supervised. An important statement is that which asserts that the diseases affecting pigeons, fowls, calves, and pigs, which resemble diphtheria, are not caused by the bacillus of human diphtheria. These diseases in the lower animals are not, therefore, to be feared as sources of the human affection. Professor Löffler thinks that the etiological identity shown by Klein to exist between diphtheria in cats and in man requires confirmation. Although lesions of mucous membranes favour the retention of the virus, yet in disposed subjects the disease may arise apart from such lesions. It is advised that when diphtheria is prevalent a systematic use of disinfectant gargles and washes (e.g., sublimate solution, 1 in 10,000) should be enforced on all children. Lastly, it is stated that the meteorological conditions which favour the spread of the disease are still unknown.

DRINK AND RAILWAY EMPLOYÉS.

THE London correspondent of the *Liverpool Daily Post* gives some very important particulars as to the practice of the railway companies in the United States and Canada in requiring strict temperance in their servants. They find this the most effective way of guaranteeing the safety of the public and their own protection from excessive damages. With a view to the attainment of as high a standard of temperance as possible, fifty-four American companies enforce abstinence while on duty, and fifteen abstinence without the restriction to time of duty; thirteen companies insist on abstinence as essential to promotion, and one requires the signature of the abstinence pledge before engaging an *employé*. It seems reasonable to require that railway officials should not drink during work hours, and that proofs of abstinence should count in promotion. At present English railway stations are dangerous, for the facility with which passengers may drink themselves and tempt and treat railway officials, from the station master down to the humblest porter.

THE HEALTHINESS OF NORWICH DWELLINGS.

MR. CHARLES WILLIAMS, surgeon to the Norfolk and Norwich Hospital, is endeavouring to establish in Norwich a sanitary association much on the lines of similar associations in London, by means of which examination of and report on houses by a sanitary expert can be obtained. The scheme ought to succeed financially if Mr. Williams' estimate, to the effect that "there are very few houses in Norwich of which the sanitary condition could not be improved and which do not require careful supervision," should turn out to be well founded.

THE UNHOUSING AND HOUSING OF THE POOR.

PERHAPS no sanitary measure is more desirable as such than the demolition of the London "rookeries." Tenanted for many years by the very poorest of our poor, haunted continually by filth, disease, and vice, their existence is a constant menace to more wholesome neighbourhoods, and the space they stand on constitutes their sole value. In spite of these facts, however, the work of renovation has need to proceed without undue haste for an evident reason. The housing of their inmates is a matter of concern, and occasionally also of some difficulty. The occupant of a slum cannot always find a more suitable home. Model buildings, often excellent in design, though let at the most moderate rents are still too costly for his precarious means. The less pretending tenements of an older type are occupied by others like himself, but often also by workmen of a better class, attracted either by a prospect of economy or a dislike to the model buildings. These latter, indeed, do not seem to be duly appreciated. Airy, clean, commodious, economical, they are still to some extent unpopular. According to Dr. Yarrow, medical officer for St. Luke's parish, skilled workmen do not appreciate the advantages of such homes. He mentions the case of two blocks, in each of which many sets of rooms are still vacant. Unless it depend upon an objection to the collective life of the flat system, we are at a loss to account for this apparent oversight. It is possible that local conditions may have exercised some influence, and it would be of interest to learn whether other buildings of like type are as thinly populated as those above-mentioned. Meanwhile we may remark that their construction as a rule affords reliable guarantees for sound sanitary condition, a consideration which should never be disregarded. The housing of the poor will be a question of the time for many years to come, and it may well occupy the attention of divisional sanitary authorities.

CHOLERA INTELLIGENCE.

DURING the five months, May to September, there were some 5000 cases and about half that number of deaths from cholera in Spain; and, with the exception of Toledo, where some 500 cases occurred, nearly all the places attacked were either on or within a short distance of the east coast, the province and city of Valencia having suffered most. The disease has all along shown less tendency to spread than it did during the last Spanish epidemic, and the epidemic still has the same character. The last place attacked is Barcelona, where four deaths took place on two consecutive days in last week. In France, two cases have occurred at Lunel in the department of Hérault; one of the attacks occurring in a wine merchant recently arrived from Spain, and the other, which was fatal, in a member of his family. Thus far, however, no spread of the disease has occurred. From Italy it is reported that cholera has disappeared from her East African possessions; and as regards Asia Minor, the disease is stated to show no indications of further spread. At the same time the quarantine restrictions maintained by Cyprus against Asia Minor ports are rigidly maintained. Special reports have been made to the Russian Government, according to which it is held that the cholera occurrences of this year in Persia and Mesopotamia have a more local character than they had last year, and that no tendency to diffusion of the disease is manifesting itself.

MEDICAL SOCIETY OF LONDON.

THE Lettsomian Lectures will be delivered at the rooms of the Medical Society of London by Dr. Stephen Mackenzie on Jan. 5th and 19th, and Feb. 2nd, 1891. The subject will be "Anæmia, its Pathology, Symptoms, and Treatment." The annual oration will be delivered by Sir Joseph Lister, Bart., on May 4th. The subject of the Fothergillian essay of March, 1891, is "The Temporary and Permanent Mental Derangements which follow Surgical Procedures."

ELECTROLYSIS VERSUS PARACENTESIS IN OVARIAN CYSTS.

DR. SIGMUND CSEREY, writing in a Hungarian medical journal, points out the great advantage that electrolysis possesses over paracentesis in ovarian cysts where more radical operative measures are for any cause inadmissible. The enormous loss of albumen by tapping is frequently followed by serious weakening of the patient, which is not the case where electrolysis is employed, this method causing the proteid to be partially reabsorbed by the system. He mentions a case where an ovarian cyst had been tapped twelve years previously, but had very soon filled again. Since

then electrolysis had been several times employed with far more lasting results. He used a twenty-cell Smee's battery, the anode being a needle, which was inserted into the abdomen to the depth of three inches and a half, and the cathode, a large flat surface, applied to the lower part of the back. The circuit was opened with two cells, and gradually raised to fourteen, which caused so severe a burning pain that the number was reduced. The whole sitting lasted thirty-five minutes. The good effects were soon seen in the increase of the urine and the decrease of the circumference of the abdomen.

POLICE AMBULANCE IN THE CITY OF LONDON.

LAST week at the Mansion House a distinguishing mark was placed upon the City police by the presentation of certificates and rewards to those of its members who had satisfactorily mastered the details of ambulance instruction. Colonel Smith briefly summarised the arguments in favour of a police ambulance system. In the heart of the metropolis, if nowhere else, the accidentally injured could hardly fail to receive the early attention of the police. What so needful, therefore, as that the latter should possess in some feasible degree the power of preventing further injury, or even it might be, as in a case reported, of saving life. He intended that in future every man who joined the force should undergo a course of instruction in this helpful art. We entirely concur in his observations and commend his resolution. There is indeed no class of men whose position more distinctly entitles them to be taught the principles of rendering "first aid." Besides the injured a variety of cases of sudden illness requiring removal may at any time call for their care, and nothing will more surely tend to make that removal a rational, gentle, and successful process than to train the hand and head which must accomplish it. The St. John Ambulance Association, whose useful work is making excellent progress, have therefore done well and wisely in opening up this latest but very important sphere for their teaching energies.

DEATH OF MR. W. F. JEBB.

WE regret to record the death of Mr. W. F. Jebb, clerk to the managers of the Metropolitan Asylums Board, at the age of sixty-three years. Mr. Jebb has been in connexion with this board since its formation in 1867, so that some idea may be formed of the nature and scope of the work in which he has been engaged during the twenty-three years which have elapsed since the formation of the asylums at Leavesden, Caterham, and Darenth, capable of accommodating in the aggregate no less than 6060 patients. Fever and small-pox hospitals have also been erected, providing accommodation for 3500 beds. The board has also taken over the control of the training-ship *Exmouth* and the ambulance service for infectious cases for the whole of the metropolitan area. Invariably courteous and urbane in his dealings with those with whom he was associated officially or otherwise brought into contact, Mr. Jebb's loss will no doubt be sincerely lamented by the managers and officers of the board, not a few of whom he numbered amongst his personal friends.

NERVOUS SYMPTOMS IN TYPHOID FEVER.

DR. VACZI, in a communication to the *Medicinish-Chirurgische Rundschau*, remarks on the difficulty of accounting for the nervous symptoms frequently observed in typhoid fever by the usual explanation, for which Liebermeister is responsible, that they are due to the high temperature. In a long experience of typhoid fever, especially during the great epidemic in the Herzegovina in 1882, he has frequently come across cases where the nervous symptoms were very marked, but where the temperature was very moderate. One such case he details where the pyrexia was both slight and of short duration, and where paroxysms of severe clonic spasmodic movements of the lower extremities occurred on the thirteenth day, when the temperature was 100·6° F.; also mental wandering on the fourteenth day, when the temperature was 97° F., these symptoms soon passing away. In such cases Dr. Váczi suggests that ptomaines or chemical products of the morbific process are probably to blame for the nervous symptoms. In the particular case quoted, too, the system had at the outset been greatly weakened by diarrhœa before the patient was seen, and this probably had seriously impaired the nutrition of the nerve centres.

ARMY SANITARY COMMITTEE.

WE understand that the important sanitary questions affecting the barracks for the army will be submitted to the Army Sanitary Committee, which is composed of the following members:—Sir Redvers Buller, V.C., K.C.B., chairman; Sir Douglas Galton, K.C.B.; Sir Charles A. Cameron, M.D., F.R.C.S.I.; Sir Joseph Fayrer, M.D., K.C.S.I.; Colonel Marston, R.E.; Surgeon-General Marston, C.B., M.D.; Brigade-Surgeon Nash, M.D.; and F. J. Edwards, Esq., secretary. Upwards of £4,000,000 are to be expended in providing new and improving old barracks.

THE SCARLET FEVER EPIDEMIC.

THE returns submitted to the Metropolitan Asylums Board at their meeting on Saturday last show that the epidemic of scarlet fever is making steady progress in the metropolis. In the fortnight ended Sept. 27th, 849 cases of scarlet fever and 350 of diphtheria had been notified, as against 808 and 298 in the preceding fortnight. The returns do not show how many of these were admitted into the Board hospitals, but the number of admissions by all infectious diseases in the fortnight ended Oct. 2nd was 532, compared with 503 in the preceding two weeks. There has been a notable increase in the number of beds occupied by patients suffering from scarlet fever, which amounted to 1710 on Oct. 2nd, while it was only 1534 on Sept. 18th and 1154 on July 5th. The return shows 145 beds still available for scarlet fever cases, and 104 more in reserve in wards now undergoing repair, but which can be made available if required. The small-pox hospital committee reported at the same meeting that, in pursuance of instructions, they were engaged in fitting up and furnishing the new hospital at Gore Farm for the reception of convalescing fever cases. The names of a temporary medical superintendent, steward, and matron for appointment by the managers, were submitted and accepted. It seems probable that this method of providing additional hospital accommodation will be required within the next two or three weeks, and it is satisfactory to know that the Asylums Board will be quite ready for such contingency and has granted authority to its committee to open this convalescent hospital as soon as it may be deemed necessary.

FOREIGN UNIVERSITY INTELLIGENCE.

Kazan.—Dr. Nikolski has been promoted to the post of Extraordinary Professor of Pharmacology.

Klausenburg.—Dr. Loté has been appointed to the chair of Experimental Pathology.

Madrid.—Dr. Juan Creus of Manso, Professor of Clinical Surgery, is about to retire. This will make the sixth vacancy in the Medical Faculty, one of the chairs having been vacant now for three years.

Marburg.—Dr. Barth of Berlin has been appointed Extraordinary Professor of Otology. Professor Kuster of Berlin has been appointed to the chair of Surgery in succession to Dr. Braun.

Rostock.—Dr. Adolph Michaelis, of Aix-la-Chapelle, has been offered the post of the late Professor Jacobsen.

St. Petersburg (*Medico-Chirurgical Academy*).—Professor Pavloff has been transferred to the post of Extraordinary Professor of Bandaging and Surgical Apparatus. The Professor of Clinical Medicine, Dr. Koshlakoff, is about to retire.

Vienna.—Professor Kahler having now recovered his health proposes to recommence his clinical teaching at once. The duties of the chair of Chemistry vacated by Professor von Barth's death will be carried on for the present by Professor Guido Goldschmidt.

Warsaw.—Dr. Stolnikow has been offered the chair of General Therapeutics and Diagnosis, vacated by the appointment of Professor Popow to a Professorship in St. Petersburg.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following distinguished members of the medical profession abroad have been announced:—Dr. J. von Rotteck, Extraordinary Professor of Medicine in the University of Freiburg (Baden).—Dr. Wenzel Leopold Gruber, Emeritus Professor of Anatomy in the Imperial Military Medico-Chirurgical Academy of St. Petersburg, and at one time assistant to Professor Hyrtl. Professor Gruber wrote largely on anatomical abnormalities in *Virchow's Archiv.* Since his retirement from the active duties of his chair some three years ago, he had been living in Vienna. He was a Bohemian by birth, and was seventy-six years of age.—Dr. Dumenil, Professor in the Rouen Medical School.—Dr. Delacroix, the well-known Ophthalmologist in Rheims.—Dr. G. C. H. Lehmann, Professor of Ophthalmology in Copenhagen.

THROUGH Reuter's Agency comes the information from Bermuda that several deaths have occurred among the men of the 2nd Battalion Grenadier Guards from enteric fever, the result, as is alleged, in great measure, of the drinking of rain water and the bad accommodation in the huts in which the men live at Warwick Camp. The headquarters hospital is described as filled with patients, and it is added that the usual volleys are not fired over the graves of the dead because the firing has a depressing and therefore a prejudicial effect upon the sick.

A NEW Institute for Experimental Medicine has been founded in St. Petersburg by the generosity of Prince Alexander Petrovich of Oldenburg. It is intended especially to assist the study and prophylaxis of rabies and other communicable diseases. A portion of it will be constructed on the model of the Pasteur Institute, Paris.

THE *Charity Record* states that the governors of St. Bartholomew's Hospital so much appreciate the services of their treasurer, Sir Sydney Waterlow, that they have recently subscribed a large sum of money for the purpose of having his portrait painted by Professor Hubert Herkomer.

PREPARATIONS are being made for a National Medical Exhibition, which it is proposed to hold in St. Petersburg in December, 1891.

Pharmacology and Therapeutics.

SOLUTION OF SALICYLATE OF QUININE.

FROM this solution, samples of which have been received from Messrs. Cooper and Co., 80, Gloucester-road, South Kensington, the combined actions of quinine and salicylic acid may be obtained. It is carefully prepared to contain one grain of natural salicylate of quinine in each fluid drachm. The solution presents an agreeable appearance and possesses a strong bitter taste; it acts as a powerful stimulating tonic, the amount of quinine present being very valuable. In rheumatic and other conditions, associated with loss of appetite and lowered vitality, this solution has given excellent results.

DIURETIN (KNOLL).

We have received from Messrs. Burroughs, Wellcome, and Co. a sample of diuretin, the new diuretic manufactured by Messrs. Knoll and Co. of Ludwigshafen. As has been previously indicated in these columns, this substance is a sodio-salicylate of theobromine, and possesses certain properties common to theobromine and caffeine, although it does not cause the mental excitement and wakefulness which so often result from the use of caffeine. Diuretin has produced well-marked diuresis in many cases of dropsy associated with disease of the heart or the kidneys, and its place in therapeutics appears to be close to that hitherto occupied by digitalis and strophanthus. The substance is fairly soluble in warm water, and remains in solution on cooling, but it has the disadvantage of undergoing changes rather rapidly unless kept in well-stoppered bottles. It is well worthy of more extended trials.

ARISTOL.

According to MM. Quinquaud and Fournioux a subcutaneous injection of aristol may be administered to guinea pigs and dogs in the form of an oily solution in doses equivalent to the four-hundredth part of the animal's weight without producing toxic symptoms. It is partly eliminated by the urine in the form of an alkaline iodide and probably of thymol, this elimination requiring four or five days. No local inflammation was ever observed to result from the punctures. Like many other observers MM. Quinquaud and Fournioux have obtained excellent results by dusting the surface of varicose and other ulcers and soft chancres with aristol. In a case of epithelioma even there was a temporary improvement. In eczema no good effects were obtained, and in psoriasis the benefit was less than when oil of cade or pyrogallic acid was employed. In no case was any irritation or inflammation produced, and the absence of the disagreeable and powerful odour of iodoform rendered aristol dressings much more pleasant both for the surgeon and the patient.

FORMAMIDE OF MERCURY IN SYPHILIS.

Dr. Vishogrod, in a paper read before the Caucasian Medical Society, mentioned that he had treated 212 cases of syphilitic condylomata with remarkable success by injections, repeated every three or four days, of a 1 per cent. solution of formamide of mercury. Fifteen minims were inserted under the skin of the back, the seat of puncture being covered afterwards with a mercurial plaster. On the days when the injections were administered the patients were given a warm bath. In no case were indurations or abscesses produced by the injections. In only seventeen cases did any return of the syphilitic manifestations occur.

PYOKTANIN IN OTITIS.

Dr. Patryek of Oppeln has tried pyoktanin, the new aniline antiseptic, in several cases of suppurative ear disease, and has come to the conclusion that it has little if any effect on the process of suppuration—at all events in this class of case. He mentions besides that the staining of the hands and clothes, which was unavoidable, was a very considerable drawback.

FOOTBALL CASUALTIES.—During a game at football on Saturday at Beaconsfield, near Devonport, a youth aged seventeen sustained serious injuries to his neck. He became worse, and died on Sunday morning from asphyxia, caused by paralysis of the muscles of respiration.—In a match on Saturday between the Poplar Swifts and the Sulton Rovers, one of the latter had his leg fractured.

TOWN REFUSE.—From a special report by the borough engineer of Hastings on the refuse destructor erected as an experiment by the corporation for burning the town refuse, which has been working ten months, it appears that the scheme, which cost upwards of £4000, has proved a success, and effected a considerable saving to the rates. Representatives of several local authorities have examined the destructor, and eight have decided to adopt the scheme.

Abstracts
OF
INTRODUCTORY LECTURES ETC.
DELIVERED AT THE
PROVINCIAL MEDICAL SCHOOLS
AT THE
Opening of the Session 1890-91.

OWENS COLLEGE, MANCHESTER.

THE introductory address at this College was by Sir Spencer Wells, Bart. After referring in general terms to the progress made in medicine and surgery since he addressed the British Medical Association at Owens College thirteen years ago, Sir Spencer Wells said he must ask indulgence for what he knew must be a very imperfect attempt to show in a few minutes what sanitary administration and recent advances in medical science and practice (curative and preventive) had done for the English nation, not only by lowering the death-rate and thus increasing the number of the population, but by raising the standard of the people. Drawing particular attention to the high and increasing death-rate in parts of Manchester, as shown in the health officer's reports and the local investigations of Dr. Thresh, he observed that the death-rate in the country generally and in all large towns must be lowered; and it would be lowered if the municipalities carried out the recommendations of their health officers—lowered not only from the present 29 of Manchester to the 18 of Birmingham, the 17 of London, the 14 of Nottingham, but lower still. It was merely a question of sanitary administration. Did they suppose for a moment that they could cultivate a crop of dandelions, thistles, and stinging nettles in Ancoats, and that their own gardens and fields in the suburbs would not suffer from the seeds carried to them by the winds? And would they not understand that neither they nor their children could or did escape the seeds of the infective diseases now so fatal, which would disappear if the details of a perfect system of sanitary administration were duly and properly enforced? If asked why the mortality of Nottingham and Birmingham had been reduced so much in the last twenty years, while that of Manchester remained so high, he could only repeat that the sanitary laws neglected here had been obeyed there. Passing from these more local considerations, and accepting the two facts of a smaller death-rate in the English population and a prolongation of the average duration of life, and admitting a proportionate gain of health and valuable years to the community, Sir Spencer Wells addressed himself to the two questions, How had this result been obtained? and, secondly, By what means could it be improved? The course of events within the last fifty years had uniformly tended to lay bare the truth that no popular delusion was more absurd than that which supposed the people to be the best judges for themselves in matters which regarded their health. Putting aside the effect of vaccination upon small-pox, enteric or filth fever (to which most of the deaths registered as fever were owing) was of all other diseases that which was most largely and directly affected by sanitary measures. A decline under this head became, therefore, the best test available of the efficacy of sanitary administration. The decline in mortality from fever, as a cause of death, had been no less than 45 per cent., the last ten years contributing to the register only 484 entries, as against 885 per million persons in the preceding ten years. And from an examination of a number of consecutive annual reports it became clear that the irregular fluctuations of mortality from the occurrence of epidemical years were almost entirely obliterated by the continuous and progressive fall which had been produced by more careful sewage, better water-supply, and other sanitary improvements. As to further improvements in the future we could expect very little from legislation, corrective or initiative, until our legislators were instructed and assisted by experts. And it was certain that good laws could only be applied and their effects obtained by well-qualified agents acting under one responsible head, such as a Minister of Public Health. But while waiting for legislation and the effect of the spread of knowledge much good might be done in improving the sanitary condition of the people by properly using our present powers without delay. The conditions of sanitary work were comparatively novel, and required a course of educational activity deviating from the routine of other times. The two Royal Colleges of Physicians and Surgeons in their new building on the Thames Embankment, the College of Surgeons in newly erected rooms in Lincoln's-inn-fields, the Association for the Advancement of Medicine by Research, and our older Universities, were all honourably striving to encourage original workers. If vaccination were universal, and there were no more unprotected subjects in which to settle, what would become of small-pox microbes, starved and turned out of house and home? There could scarcely be a doubt that the future progress of medicine must be less in the direction of attempting to cure disease or to alleviate its symptoms by drugs, and more in the experimental study of the causes of disease and of the means by which they might be abolished. Just now a disease, as fatal as many of the most prevalent of zymotic diseases put together, was either to be added to the number, or classed with them as the result of the action of a living organism, and therefore to be guarded against by attenuated inoculation, or treated by germicidal remedies. We had not yet advanced far in this direction; but he felt very confident that before many years had passed pulmonary consumption would be one of our vanquished enemies—another proof of the triumph of experimental physiology and of comparative pathology over disease. He need not remind them of the work begun in this direction by one of their own lecturers, Dr. Ransome. The injection of ferments, or of "defensive proteids," as a protection against pathogenic microbes, was one of the most promising paths for original research. "Abolish zymotic or filth disease" was the task he would set before the teachers and students of Owens College, professors and graduates of the Victoria University. Instruct, he said, their mayor and corporation, their clergy of all denominations, and their own household that every case of typhoid fever, of scarlatina, of diphtheria, of small-pox, of measles, and of whooping-cough could no longer be looked upon as natural, providential, or unavoidable; but that the existence of such a group of preventable diseases was a proof of ignorance or negligence and disgrace. If all dead bodies (even those dead from zymotic diseases) were to be buried in the earth, in crowded graveyards or cemeteries, it must be quite hopeless to attempt to stamp out infective diseases. The germs of these diseases were preserved in the earth far below the surface, and were brought up full of deadly power by earth-worms; and when the ground was disturbed after many years, the germs were in full and fatal activity. Burial reform was needed, not only as a means of general sanitary improvement, but especially as a mode of destroying the germs of zymotic diseases. And although some good might be done by better supervision of cemeteries and stricter enforcement of the provisions of the Burial Acts, nothing short of a really radical reform and the substitution of cremation and burial of the ashes only for burial of the entire purifying body could afford real security.

SHEFFIELD SCHOOL OF MEDICINE.

THE introductory address was delivered at the Firth College on Oct. 1st by Dr. SIDNEY ROBERTS, senior physician to the Public Hospital and lecturer on Medical Jurisprudence at the School. After welcoming his audience, and especially the new students, Dr. Roberts made some suggestions relative to preliminary training. He pointed out the great value of a knowledge of the natural sciences to students of medicine, and advised intending medical students to spend at least one year in the study of physics and chemistry in some well-equipped laboratory before entering a medical school, or at least before commencing the study of human anatomy and physiology, impressing upon them that it was absolutely necessary for them to be well grounded in the sciences upon which medicine is based. He advised them to pass their examinations in chemistry, physics, materia medica, and pharmacy as soon as possible, in order to devote themselves entirely to physiology and anatomy, pointing out that the eighteen months required for the study of these subjects before presenting themselves for the second examination of the Conjoint Board is, even for the most industrious and energetic, barely sufficient in these days. The lecturer then dwelt upon the importance of anatomy,

not merely because no man can become a sound or successful physician or surgeon without a knowledge of this subject, but as a means of mental training, showing how admirably adapted it was for the early cultivation of habits of observation, for developing the memory and educating the hands. Physiology, however, was held to be even more essential than anatomy, and more time was claimed for the study of this subject. Dr. Roberts devoted the greater part of his address to the subject of hospital practice, and strongly advised junior students not to attempt to do clinical work in the hospitals until they had passed their examinations in anatomy and physiology. "Be in no hurry to see the practice of medicine or surgery in the wards or the operating theatre until you have, by the study of anatomy and physiology, laid the foundation for a safe superstructure. The object of your hospital training is to educate your special senses, to develop in you the faculty of observation, to teach you the best mode of examining cases, to show you how to use the various instruments which are employed in the investigation of disease, to familiarise you with the practical signs of disease, rather than to tell you the symptoms of this or that particular malady. By hospital practice I do not mean your attendance merely, but your active participation in the work of the hospital—you must all hold dresserships and scholarships. The hospital is the only safe text-book in which the art of medicine can be learned, and I advise you to gain the art of learning by carefully examining the cases for yourselves,—one fact self-gained is worth any number acquired from others, and a knowledge of disease, gained by experience and observation for oneself, is infinitely more valuable than any amount of mere book-learning. The only real knowledge of disease is that which is acquired by careful and minute observation of the patient." The advantages of the out-patient departments were next mentioned in detail. In speaking of the suggestions of the General Medical Council as to the curriculum of the future, Dr. Roberts said "he hoped these propositions would be uniformly accepted by the various universities, schools, and examining bodies. When the time comes for you to enter into practice you will find a wide range of choice before you. Hospital work, private practice in town or country, sanitary, lunacy, Poor-law and colonial appointments, the navy and Indian medical services offer a wide and varied field to choose from. I am sorry that, owing to the very great injustice with which medical officers in the army are treated, and the serious discontent existing in the service, I cannot advise any of you to think of joining the Army Medical Department at the present time. At one time no yonng surgeon of any position could be got to enter the navy; the grievances were removed, and then they entered the service. I hope the same course will now be repeated in the case of the army. Unless some alteration is made I believe the authorities will find that none but the dregs of the profession will enter the Army Medical Service. The Sheffield School of Medicine is now entering upon the sixty-third year of its existence. During that period there is no doubt that it has been of very great advantage to our town in many ways. But what is to be the future of the school? The practice of medicine was never more scientific than now, and passing events indicate a bright future for medicine. It will be our duty to share in that future, and to do what we can to advance the science and art of our profession. But to be succesful we must go forwards. Our motto must be 'Excelsior,' and the new school shows that this is not forgotten. But in order that the new school buildings may bear proper fruit we must soon have more appliances for the teaching of such subjects as anatomy and physiology. The development of these branches of medical science is now so advanced that they cannot be taught but in highly efficient and highly organised schools. It is absolutely necessary, not merely that the debt of £1500 still owing upon our new school buildings should be wiped off, but that we should have more apparatus, and that some of our chairs—such, for instance, as anatomy and physiology—should be blessed with an independent endowment. For the prosperity of the school, too, well-paid demonstrators are required, both for anatomy and physiology. It is for the public of Sheffield to see that before very long we owe to their efforts a well-equipped building, with endowed chairs and well-paid demonstrators, in which the medical sciences may be taught with comfort and advantage to both teachers and taught. Most of you are probably aware that one of our townsmen—Mr. Bernard Wake—has recently promised to defray the cost of a new out-patient department for the public hospital, and by this magnificent and generous gift to the town has directly benefited this school. Is there no one who will at once follow his good example? It is impossible, however, ladies and gentlemen, to contemplate either the present or the future of our school without a pang of remorse at the very great loss we have lately sustained in the death of one who for over forty years lectured in the school, one whose skill and judgment gained for him the admiration and respect of a far wider circle than that of his own profession, and one whose name and services will never be forgotten while the history of this school is preserved. I refer, of course, to our late President, Dr. Mariano Martin de Bartolomé. A sketch of his life, could I have drawn it, might worthily have formed the subject of this address to-day; but that was only to be attempted by one who from constant association with him could appreciate his private worth and professional attainments. It was never my privilege to know Dr. de Bartolomé intimately, and it would therefore be unbecoming of me to speak of him in anything more than general terms in the presence of many who knew him well. But, fellow-students, he has left us a bright example, which we would do well to follow, for he was an accomplished and high-minded physician, a loyal colleague, a wise counsellor, a sympathising and warm friend, a valuable servant to the public, and withal a courteous gentleman, and died possessed of that which should accompany old age—honour, love, obedience, troops of friends. I take this opportunity of paying a respectful tribute to his worth and memory. Another cause for our sorrow and regret has been the death of Mr. Jonathan Barber, whose long service of conscientious and disinterested labours at the infirmary are so fresh in the minds of all who knew him that they need no words of mine. By the death of Mr. Barber the infirmary has lost another member of its consulting staff, whose memory will always be affectionately cherished by those who were honoured with his friendship." Dr. Roberts' concluding remarks were addressed to those who were joining the school for the first time. He said: "Be proud of your school; endeavour that your school may be proud of you; and when you leave us may your chief pleasure be in the recollection that you were once Sheffield students."

UNIVERSITY COLLEGE, LIVERPOOL.

THE opening of the winter session of the Medical Faculty, Liverpool University College, took place on Saturday, the 4th inst. Lord Derby presided, and opened the proceedings by introducing Sir James Paget, who on rising received a perfect ovation, the applause being again and again renewed.

SIR JAMES PAGET'S ADDRESS.

I am told that I am to speak chiefly or almost wholly on the subject of medical education, and I am glad of it, because that is really the only subject appropriate to the occasion which I have in any sense or degree studied carefully enough to express even moderate opinions on it. I will, therefore, presume you will listen to me while I speak of the manner in which, so far as I can judge, the purpose of this great College may be best applied to the students of the medical school. To many, indeed, there may seem to be no choice in the matter, for the scheme of medical education is exactly laid out—the course to be followed, the subjects to be studied, the time to be devoted to each, and the method of examination afterwards. All these things are so completely decided by the authorities that students may be said to have practically no choice, and a great many are ready to say that the scheme which is devised for them is very far from the best that might be easily invented in its stead. That seems to me no more than is commonly said of all schemes of education which have to prepare one plan for the training of hundreds of different minds; minds as diverse as are the features of those to whom they belong. My advice, therefore, to medical students—and perhaps such advice may have a yet wider application—is that they should take what is put before them and do their best with it, for every man's best will have a certain amount of good in it; and the scheme of education is not likely to be changed in the time of those who have already begun to pursue it. Let them, therefore, do their best with what is before them, and that, I venture

to say, might be also a good rule for the whole of the medical life, for the medical practitioner must be a student as long as he lives. He that ceases to gain knowledge is always losing it, and he that is not a student while he is in practice is sure to become less fitted for his work every year that he lives. And what I should very much have in mind is to recommend for the teaching of the medical students that plan which may best be suitable both for their student life and for their life in practice, and that is mainly that they should make the best use they can of the teaching of the sciences in the College for making them as far as possible scientific practitioners and students in after life. You hear a good deal said by some that science is the only way to success; by others that practice is the only way to what is right. After watching for a great many years, I am disposed to tell all students now—and I think the rule may hold good for others besides those in medicine—both those should be worked together. Neither taken alone is enough and sufficient for all that might be done best in life. There is, indeed, a great amount of medical knowledge which can be learned only in practice, but there is not one part of that which cannot be learned as well by a scientific student as it can by anyone else, and there is a great quantity of knowledge to be applied in practice which can only be derived from scientific knowledge, and the range of that class of knowledge is every year increasing as the application of the sciences become more abundant in the practice of medicine, as they do in every calling of life. So that my conviction, and I hold it strongly, is that the prudent course for a student is to study very carefully and very thoroughly the whole of those which are called preliminary scientific subjects, and not to cease the study of them when he has passed through the examination at the end of his first two years, but to hold on in the same temper and same mode of work through life as he should begin in his first two years. Herein, I venture to say, is the very great advantage which the students of this school can have, that they will be educated in these sciences together with those who are pursuing the same study with other views in life. Chemistry, physics, biology, are being all of them applied in other pursuits as well as in those of medicine, and it is a secured advantage to be possessed by those who are educated in a College such as this that their minds are not as much narrowed with the application of one science to the one pursuit that they are to have in life. I know medical students are told continually that there are two groups of men—the scientific and the practical,—and many will tell them that the notion of a scientific man being a good practitioner is simply absurd, and they tell all kinds of stories of the manner in which scientific men who have endeavoured to be practitioners have grievously failed. These stories are amusing, as most of those are that are so frequent and not quite true. But that which may be held most certainly is that there is absolutely nothing in medical practice which cannot be learned by the student of science, and that the student of science may learn many things in practice of which the practical man will remain ignorant. The whole of this talk of the incompatibility of science with other subjects I take to be really sheer nonsense. In regard to medical education and medical practice, it is quite as absurd as the talk that scientific men cannot be good men of business, or that they cannot have a love of art, or that they cannot fully entertain the Christian faith. Put all this aside, and let the studies, whether under the guidance of the College or of the students' own choice, be alike and equal, or in fair proportion, the studies of science and the studies of practice. I suppose in this great centre of business it might be found that there is hardly any material produced into the production of which science has not introduced very great changes and vast improvements, rendering the materials more easy of access, more abundant in their production, more constant in their properties. Well, but there is a great contrast here between the man of business and the man of medicine. The man of business can employ his own scientific adviser, he can commit to him the whole scientific work of his factory, he himself needs to do nothing but leave it to the man of science to direct that department of his work and continue his own lawful charge of the rest of the work himself. In the medical profession we cannot do this. We cannot take a man of science to the bedside of a patient to tell us what to do. We cannot employ a man for each of the three, or four, or six different sciences applicable in the pursuit of medicine. We are in this respect in a wholly different position from the man of business who employs the man of science. A man in the practice of medicine must be a man of science and a man of business. He must for himself do the whole of his own work, and do it in the best way he can. There are a number of methods of inquiries, and a number of instruments, the use of which is constantly becoming more important in the practice of medicine, and which can be learned best in the early periods of student life, and when they are being used by men of science. The microscope, the ophthalmoscope, the keen instruments for dissection, the making of sections, and the colouring—all these things are becoming daily most useful in medicine. Let me be certain to tell they can be learned only in student life. Yes, as a senior in the profession, I tell that with sorrow and with envy. If a man defers the learning of those things to the time of thirty, much more to forty, he will remain unknowing of them for the remainder of his life. There is another thing to be mentioned—that in scientific studies there may be acquired habits of mind for which they are, I do not say alone sufficient, but far better than any other pursuits that may be named; and here, too, the mingling with men who are pursuing science for other pursuits is specially advantageous. In ordinary talking, men seem to think that careful observation is one of the easiest things in the world, and there are some who speak as if they themselves had never overlooked anything of importance in their lives. Study any science—study, at any rate, the science of medicine—and one can see examples of the opposite in every page. It would be a very useful book, I think, if someone would write not a history of discovery, of which we have many valuable works, but a history of the oversights—a history of things which have been under men's feet, plainly before their eyes, and yet that have been absolutely overlooked. Every page of history would tell of them. We never pass a week, never pass a month, without finding observations made, discoveries made, by persons who are at work on the very same field as we are, or suppose ourselves to be, at work. And why do not we see these things? Surely that these persons should have observed them clearly, and that the crowd of others did not observe them, must be a proof that they were either very careless or very idle, or really it was a proof that careful observation is very difficult, and the power of it is not to be acquired except by the most careful study and self-discipline. I was lately, when on my holidays, much struck when walking on moors in Yorkshire to find abundance of the plant, the sundew (*Drosera rotundifolia*), in connexion with which Darwin worked better than anyone else. In my early student life I used to study botany on the broads of Norfolk, and saw what everybody else did—that it caught flies, and that flies hung upon its leaves; and there it ended. I did not observe what Darwin has done—that it not only caught the flies, but that it entangled them; that it clasped them in its tentacles, and held them till it had slowly but surely digested, absorbed, and lived upon them; for that, indeed, it surely does. That which is now obvious to every man was exposed to the sight of all the great naturalists for centuries past; but not one of them observed it, and it was reserved for the keen perceptive powers of Darwin to find out that which might have been obvious to every man's mind. That might be told of every month of our lives. Let me give you one piece of advice which will be looked to by all the authorities of the College as well as by the medical school. Education in science in the formation of the mind brings about a fitness for accurate and careful observation, for let it be remembered that those sciences which are especially called preliminary sciences—for so they are intended—are well fitted to lead the way towards the ability to study that which is by far the most difficult in the biological class of sciences—the study of disease and the manner of treatment. There is another faculty to be as carefully cultivated, and that is cautious thinking. There is an expression used by a great master of science, John Hunter, which I have quoted to make myself more wise, and quoted to others. John Hunter used to say, "Do not think; try." Well, Jenner says that Hunter used to say that to his pupils, and I am as sure that Hunter used to say that repeatedly to himself, for he was a man of most constant and profound thought. All his books and all the records of his life tell that he was constantly thinking; but he seldom let the thought pass without submitting it, if he could, to the test of observation, and he repeated to himself, "Do not think; try." I added on to the words "Do not think; try," "Be patient, be accurate." It might be well

for us to keep in mind the three words, but I might read them with this paraphrase: "Do not think that you are likely to state what is true in science; test for it by observation." Read, for example, from such men as Faraday, John Hunter, or Darwin; or take the more recent work, which is within the knowledge of us all, of Pasteur. Pasteur is a thinker every day of his life, but a great discoverer besides. Long before Pasteur's time there were suggestions and thoughts that material and infectious diseases must depend upon some organic matter, some organic being, some fly, some minute thing in the atmosphere. Well, man thought it again and again, and as they mostly think, without anything else; and nothing was done, and nothing came of it. But Pasteur thought it, and then Pasteur observed; and look at the progress since. The whole doctrine of infectious disease is not only changed, but manifestly improved into something approaching certain knowledge. And look at its application in the treatment of infectious fevers or their prevention. Look at its application in the whole of the sanitary arrangements around this and other towns; or look, again, at the marvellous application of it by Sir Joseph Lister. In the whole history of antiseptic surgery Lister saw the value of Pasteur's first observations on fermentation. He thought they were applicable; he tried, he thought again; he tried, and ultimately there has come that which it would be difficult to estimate for the number of human lives it has been instrumental in saving. Lister is still a model man of science in this line. He is still perpetually thinking—thinking whether what he has done is as good as it might be, whether there might not be something better—thinking, and steadily and constantly observing. I might multiply these instances a hundredfold. I only beg you to look at this and the absolute inutility that you will find in all things that are regarded as merely thoughts. The absolute effects of all the great progress of science in every direction—and most of all I speak of it positively in regard to medical science—is the result of the work in those who have thought and tried. Young men especially, but I think there are old ones subject to the same remark, are tempted to think so much of themselves in thinking, it is so satisfactory to have nothing to refer to in the outer world, but to rely entirely on that which is within oneself; and so they love the thinking, but not the testing. So many things are supposed to be true if they are explained well, that it is thought unnecessary for the medical life to refer to them again; and let me suggest to every student that for every explanation he finds offered as to the value of a medicine, or a food, or anything else, he should look clearly to see what the facts are or test them for himself, and remember that the trial must be made by those who are accustomed to act from clear and scientific observation. Both things must be taken together—the power of clearly observing and the power of cautiously and carefully thinking. I have been seeing today, by the kindness of my friend Mr. Banks, the building for your new infirmary. It seems to me admirable, and certainly there is not a corner—in fact, there is not a corner in the building,—there is not a point, there is not a superficial square inch, in the building in which science has not played its part. But with that hospital, admirable as it is, great as is the good it may do, I should like to say that I believe it will be very imperfect unless the means of science teaching and of the whole teaching of medicine in the school be not quite equivalent to it. The best working of a hospital of that magnitude, and of any place like it, is that there should be a medical school of high equal order with it. I doubt very much whether one good man—or a hundred—would do the best he possibly could in any one hospital of large size unless he were a teacher at the same time—unless there were pupils around him not only for him to have the satisfaction of teaching, but for him to be conscious that they are watching and carefully estimating, and sometimes not unkindly criticising, his work. It increases his sense of responsibility, and his desire for repute and that zeal for which everybody works, if he be conscious of being watched and praised or blamed by those who are competent to judge of him, and who are educated up to the full capacity of doing so perfectly. And this can only be when a medical school of the highest level is combined with a hospital such as this will be. And not only so, but the whole junior staff of a hospital is never so good as when they are selected from those who have been pupils of the house physicians—they are not likely to be so good as when they are selected from those who have been pupils in the very same place in which they are to do their work, and who know well the mind and method of the surgeons and physicians, who know the whole habit of the place, and have learned to consort with all others who are engaged in charitable work, and who will work with them. Nowhere is that union of service and of charity more perfect, and nowhere does it bear better fruit, than in the combination of a thoroughly scientific medical school with a thoroughly charitable hospital such as you have round you here. I know the kind-heartedness and liberality of many people in Liverpool—the abundance of their gifts for a charity,—and I should like to impress them with a conviction which I have myself, that the best indirect way of helping any charity is to help scientific knowledge. Thus I might end, but because I see in Liverpool a place so practical, so constantly given to the testing of things by their utility, I have been more earnest in pointing out the value of that which is not what might seem to some of direct utility. Science must have its time to work in. It cannot do to-morrow what it must have many days to work for, but it does it in time, and here we see all round about us the application of the direct purpose and utility of the sciences of chemistry, physics, electricity, and the rest. What biological science may do in the time to come I will not venture to predict, but I can remember that it is not more than fifty years ago—only half a century—since chemistry and physics were looked upon as mere science, glorious in the knowledge which it brought, perfectly admirable in the keenness of inquiry which it excited; but of other utility scarcely any. And now nothing that surrounds us is like these in what they have added to the happiness, the abundance, and the comfort of life in every corner of the world. One must not predict, but it would be no greater wonder if in time to come—say, half a century hence—the biological sciences had an application as wide, as useful, as universal, as those have; and if there is a step towards it which can be taken, it is the cultivation of thoroughly scientific teaching in such a College as you have here.

Sir James Paget resumed his seat amid loud and long-continued applause.

The prizes and certificates were next distributed to the successful students by Lord Derby, after which a vote of thanks to Sir James Paget was moved by Mr. Edward Lawrence, chairman of the Council of University College, seconded by Professor Marshall of Owens College, Manchester, and carried by acclamation.

In reply, Sir James Paget said: I thank you all most heartily for the thanks you have offered to me. I do not deserve them on the grounds stated, but I will take a lesson to myself, and where I have been praised for things I have not yet attained to I will do my best to achieve them. The holding up of hands in response to the vote was as by one; my only regret is that I cannot shake hands with all those who held up their hands for me.

Professor Mitchell Banks proposed, and Mr. Robert Gladstone seconded, a vote of thanks to the noble Chairman for presiding.

In reply, Lord Derby said: It is no part of my duty to comment on the lucid and remarkable utterances which you have heard from Sir James Paget. I am no judge of the professional references, but it seems to me that the address was full of the best and rarest kind of wisdom, which cannot be derived from books alone, but which is the product of personal experience and the observation of a thoughtful and philosophic mind. The time has long gone by when it was necessary—if, indeed, it ever was necessary on occasions such as these—to set forth the merits and to predict the success of Liverpool University College. The merits are acknowledged; the success has been achieved. The College is now an established institution of our city; it has struck its roots deeply and spread its branches widely. I am glad to see that a permanent provision has been made for the study of botany by the liberality of Mr. Holbrook Gaskell, and I am sure it will prove valuable. There is no doubt that the members of the medical profession in the city, with a professional zeal and disinterestedness which distinguish them, have given to the medical school a larger proportion of their time and care than could reasonably be expected of men continually engaged in a professional work. I believe, and I am expressing the opinion of those who can best judge, that it is, if not essential, at least eminently desirable, that there should be at least one endowed professor in connexion with the infirmary—he might be a

professor of physiology. That implies an endowment of £10,000, or, what is the same thing, a guaranteed income of £300 a year. Considering what we have done already, it is not too much to expect that in the course of a few years this endowment will be supplied as so many others have been.

In the evening the annual dinner of the Medical Faculty was held in the Adelphi Hotel. One hundred and fifty-five guests sat down, Professor Banks presiding. Sir James Paget was again most enthusiastically received, his health being drunk with rounds of applause and musical honours. Sir Dyce Duckworth was also present, and many of the professors of Owens College, the Leeds School of Medicine, and the Liverpool University College.

THE OPENING OF THE SESSION.

DISTRIBUTION OF PRIZES, RÉUNIONS, ETC.

THE following is a continuation of the record of the festivities which have been held in connexion with the opening of the medical schools.

CHARING-CROSS HOSPITAL MEDICAL SCHOOL.

The annual dinner of the past and present students of Charing-cross Hospital will take place on Friday evening, the 17th inst., in the Holborn Restaurant, at 6.30 P.M., when J. W. Hare, Esq., F.R.C.S., will preside, and not on the date erroneously notified in our last issue.

ST. GEORGE'S HOSPITAL.

At the conclusion of Mr. Augustus Winterbottom's interesting oration on Oct. 1st, Mr. Timothy Holmes, in a few earnest words, addressed the students, and finally distributed the following prizes: To Mr. Hubert Higgins, the William Brown £100 Exhibition; to Mr. G. E. Hale, the Acland Prize in Clinical Medicine and the Treasurer's Prize; to Mr. Charles Wild, the Brodie Prize in Clinical Medicine and the Thompson Medal; to Mr. A. Russell Wells, the Pollock Prize in Physiology; to M. J. W. Dickson, Sir Charles Clarke's Prize; to Mr. G. A. Clarkson, the First Year General Proficiency Prize; to Mr. H. Scott-Elliott, the Second Year General Proficiency Prize. In the evening the annual medical school dinner was held at the Hôtel Métropole, Dr. Cavafy in the chair. It was the largest and most successful of any gathering for many years past. After the usual loyal toasts, Dr. Dickinson proposed "The Governors of the Hospital," to which Dr. Duka replied. The Chairman then, in a few happy words, gave the toast of the evening, "The Medical School." It was enthusiastically received. Then followed that of "The Past Students" by Sir Prescott G. Hewett, and responded to by Surgeon-General Cornish and Surgeon-Major Hartley. The toast of "The Present Students," to which Dr. W. P. Davis, the senior house physician, replied in an excellent speech, and also that of "The Orator of the Day," were heartily welcomed. Finally, Mr. Holmes gave "The Chairman," which called forth a humorous reply.

LONDON HOSPITAL.

The annual dinner of the old students of the London Hospital Medical College was held in the Library on Wednesday, 1st inst., at 7 P.M. The chair was taken by Mr. Rivington, who was supported by many members of the staff, and about 130 sat down to dinner. After the loyal toast, the Chairman proposed "The Hospital and College." He pointed out that both institutions owed their origin to the exertions and liberality of former members of the staff and their friends. Each was dependent on the other for its full efficiency and prosperity. Yet, notwithstanding its origin, the hospital did not admit the medical staff to any share in its management, whilst the staff had freely accorded to the lay governors an equal share in the administration of the College. He was in favour of reciprocity, and would be glad to see the committees of all hospitals containing an infusion of the medical element. The College was fortunate in possessing in Mr. Munro Scott a warden of marked administrative ability. An anniversary dinner of old students was first instituted in 1792, when it took place at 4 P.M. There were nineteen toasts, a large consumption of small beer, and much broken glass. The celebration of this dinner lasted till 1837, when the London Hospital Medical Club came into existence in its room; then, in 1867, a biennial festival was established, and now this had been replaced by an annual dinner. The toast was responded to by Mr. Mahomet, the chaplain, on behalf of the hospital, and by Dr. Sansom, a member of the College Board, on behalf of the Medical College. Dr. Stephen Mackenzie, in a eulogistic speech, proposed the "Health of the Chairman." Mr. Treves proposed "The Old Students," coupled with the names of Mr. Peter Gowlland and Mr. Mercier. During the dinner musical selections were rendered by a string band, and this very pleasant and successful meeting terminated about eleven o'clock.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

The opening of the winter session of the London School of Medicine for Women has been signalised by the enlargement of the premises. An adjoining house has been utilised, where two chemical laboratories have been provided, the museums and library having been moved into lofty, well-lighted rooms. Additional accommodation has been provided for the students, and the anatomical department has been enlarged. The garden front of the building has been much improved by the erection of a new verandah, which forms a convenient covered way from one part of the building to the other.

WESTMINSTER HOSPITAL.

The winter session was opened on Oct. 1st with an introductory lecture by Dr. Colcott Fox, a report of which has already appeared. The Dean, Dr. W. H. Allchin, then read a report of the school for the past year, which was of a most satisfactory description. The prizes were distributed by the Rev. Canon Prothero, who afterwards made some pertinent remarks on preliminary education. After stating the various views on the subject which had recently been discussed in the public press, he asked, "To what class of men is more entrusted of a delicate and difficult nature? Who is so often an arbiter between life and death as a doctor? Who can better aid or defeat the ends of justice by his skill or his ignorance than a doctor? Who is more invaluable as a public servant than a doctor, seeing that he discharges duties every day on which the utility and happiness of hundreds ever afterwards depend? Hence it is that more general interest is felt outside the medical profession in this apparently limited question of a doctor's education." He admitted that in this discussion the victory seemed to be tending towards early specialisation; still it seemed to be admitted, even by the leaders of early specialisation, that the older system was the better and the wiser training. It had been said that medical training should be treated on different lines for two reasons: (1) that many poor men sought to enter the profession, and (2) that it was pre-eminently a practical profession. It seemed to him that to legislate in educational questions for the few was false economy. Was it wise to lower the standard of a profession for the sake of a few? Making full allowance for the practical training required, he felt that the man who had had his faculties quickened, his memory and observation strengthened, and his reasoning powers developed by a good general education would make the best use of his opportunities. Education, if it was worth anything, helped a man to acquire fresh knowledge. That was its value and its object. The educated medical student who waited till he was twenty-four before he commenced practice might not "get off" so quickly as the youth who had specialised since he was sixteen, qualified at twenty-one, and at once began practice. But wait ten years, and the parts were reversed. Yes! and every succeeding year the gap widened. The one would be learning all his life, because he had learned how to learn; the other would be forgetting all his life, or would be powerless to acquire new facts outside his own narrow individual experience, because he had never been educated in the acquisition of knowledge.—Many additions are being made to the museum, and especially in its anatomical section, and the catalogue of the pathological museum is in the press, arranged in a form that will be invaluable to the students. The school buildings have been painted and renovated throughout, and the new dean, by some rearrangements of work, has put the school in most satisfactory working order.

IRISH MEDICAL SCHOOLS.

ROYAL COLLEGE OF SURGEONS.

Last week the winter session of the schools of surgery was inaugurated by a distribution of the prizes obtained by the successful candidates at the recent examinations.

Mr. H. Gray Croly, President of the College, having conferred the prizes, addressed the students present, and urged them to be earnest in their work and early in their habits of study. With regard to the boycotting of their Fellowship Examination in parts of England, he could only say that it was not second to the Fellowship of any other college. A vote of thanks to the President for his address was proposed by Mr. Rawdon Macnamara, seconded by Sir Charles Cameron, and carried unanimously.

The Barker Anatomical Prize for 1890, value twenty guineas, has been obtained by Mr. R. H. Kennan.

THE MEATH HOSPITAL, DUBLIN.

The 138th session was opened at this institution on the 6th inst. by an inaugural address by Mr. Philip Crampton Smyly, F.R.C.S. He congratulated the "Old Meath" upon the progress made during the year, and upon the great improvement which had been effected in its working and in the care of the patients, which he attributed to the care and attention shown by the members of the medical and surgical staffs and by the Red Cross Nursing Sisters. He concluded an interesting address by recommending the students present to study carefully the results achieved by different men, more especially in the Listerian system, in order to find out "what is truth." A vote of thanks to the lecturer, proposed by Sir George Porter, Bart., and seconded by Sir William Stokes, was carried unanimously. The annual dinner for the reunion of old students and governors was held in the evening at the Shelbourne Hotel, the chair being occupied by Professor Rawdon Macnamara.

SIR P. DUN'S HOSPITAL.

This institution was opened for the winter session last week. Dr. E. H. Bennett apologised for giving an introductory address, his excuse being that it was on the occasion of opening a large addition to the hospital. His main object, he said, was to direct the attention of the students to the recent improvements made in the hospital and to its enlargements—changes made with the object of making it more efficient for the treatment of disease, and for the teaching of medicine, surgery, and midwifery. The changes now made removed the danger of the infection of fever to patients suffering from other diseases, inasmuch as the fever wards were altogether isolated from all other parts of the hospital. The hospital was opened in 1808, and from that date to 1865 only medical cases were admitted, a large number being fever patients. A wing was built some time ago; but as the position was considered unsuitable by the corporation for infectious cases, another had been erected free from all objections, provided with disinfecting chambers and a separate and complete laundry; while the other wing had been utilised for non-infectious cases and also for the gynæcological department of the hospital. The mortuary had been rebuilt, and a theatre suitable for pathological demonstrations had been added. Dr. Bennett pointed out that Sir P. Dun's was the only hospital in Dublin where a portion of the students' fees paid for clinical instruction went to support the institution. One-fourth of the fees was utilised for this purpose, and it would be well if the medical and surgical staffs of the other Dublin hospitals would follow the example so generously shown them by the staff of this hospital, and thereby add a very considerable sum to those institutions, which appeared almost always to be in a condition of chronic impecuniosity.

THE MEDICAL SOCIETY OF UNIVERSITY COLLEGE.

AT a meeting of the Medical Society in connexion with the University College, Mr. Jonathan Hutchinson, F.R.S., delivered an address to the students, choosing for his subject, "What? When? and How?" Commencing, he said it was pretty well agreed that the early part of the adult life of man was spent upon education, and the second and greater portion on the accumulation of experience. Education he defined to be the sum of that which fits a man to make good use of the experience of life and of the various events which come under his observation, and to profit by his experience. His title was rather vague, but he would lay before them some remarks upon what he thought should be the education of the medical student, how he should get it, and lastly, when he should get it—though this mattered very little, provided he got it. A tendency had existed in some quarters to minimise the subjects which rank as preparatory to a medical career, and to say that the number of the subjects was too large. He wished to put this question very earnestly, Whether they would be doing wisely in reducing the number of preliminary subjects? They all desired the promotion of the honour of their profession and the reputation for knowledge, and not only that, but for the reality and usefulness of the knowledge it possessed. He thought it would be most unwise to exempt the student from the study of subjects which he would find useful when he was further advanced in life, and which would tell to his advantage then. He rapidly reviewed some of the subjects of teaching and education which it had been of late suggested to leave out of consideration. He did not think the education of a medical student should differ from that of a gentleman who is adopting any other career. Greek, he thought, ought to be known, by no means a scholarly knowledge, but a knowledge of the Greek vocabulary. Of course there was a learning which was a luxury and a learning which was a necessity. He was no advocate for pedantry, and did not intend for one moment that a man should spend his time in acquiring knowledge which would afterwards be of no use to him. Perhaps he would be told that John Hunter knew no Latin or Greek, and that after all he wrote English very badly; but they should not try to establish general rules from isolated examples. John Hunter's early education had been very much neglected, but still it was possible for a man who had an intense aptitude for zoological study to acquire such knowledge independently of any classical learning, but at the same time he acquired it under great disadvantages. As regards learning the method of these languages, he proposed that the student should acquire a knowledge of words rather than of grammatical constructions, just as he learned English when he was a child. He was not speaking in the least of their value as a means of mental training, because a man might train his mind to anything. He set forth the method of acquiring these languages propounded by John Locke. In dealing with modern languages he thought they were best acquired in the country in which they were spoken. Everyone who aspired to be considered well educated ought to know French and German. He advised that the medical student should throughout his career keep up his acquaintance with general literature as a means of helping him in his medical pursuits, and also of intensifying the feelings upon which motives for professional study might be founded. The object of literature was to induce a general sympathy with the wellbeing of mankind. If any man could read the poetry of Crabbe or Wordsworth or Browning or Tennyson without gaining something of interest in life and increased impulses towards devotion to his duty, he thought there must be something wanting in his organism. The study of poetry would supply a man with what Macbeth wanted, "A spur to his intent," and he would go back to his medical studies feeling that they had acquired for him a new charm. Geography was another subject which demanded their attention, and history was most important for a medical man to know. As to algebra and mathematics, he did not see their bearing upon medical pursuits, and he thought they might be considered as luxuries in education rather than absolute necessaries for a medical man. Zoology was absolutely essential, even fundamental. Students should begin with that certainly, and use every opportunity of acquiring a knowledge of animals and even of their diseases as a preliminary to their study on the human frame. Of course he included comparative anatomy and comparative pathology. Medical men manifested great ignorance on the subject of botany. As a boy he had held a certain physician in high regard, but on discovering that this medical man could not distinguish between a belladonna lily and belladonna atropia, he lost all reverence for him. Another, with whom he was travelling, mistook a large group of equisetums growing in a bog for young fir trees. After describing the objective method of instruction as being the correct mode of teaching this subject, as well as geology, human anatomy, and physiology, he referred to the proposals for the limitation of medical studies as of perennial recurrence, and spoke of the proposal made nearly a century ago to establish in Berlin a species of medical men known as Rontiners. He dwelt at some length on the method of cultivating the power of the memory. "Wisdom," he concluded, "was the hereditary result of knowledge, and the priceless

value of wisdom has been the theme of sages and poets in all ages. Aristotle's observation on this subject was that 'the difference between the ignorant man and the learned man is the difference between the man who is alive and the man who is dead.'"

After a vote of thanks had been accorded to the lecturer by Mr. W. H. Tate, the President,

Mr. Hutchinson gave a short demonstration of the objective method of teaching from a raised map of India, to show the distribution of leprosy in that country, and also demonstrated the influence of the fifth nerve in the distribution of the disease from two skulls showing marked exostosis and hyperostosis on all the bones of the face and skull supplied by that nerve on the one side. Both specimens were marked in a similar manner, one of which belonged to Mr. Hutchinson, and the other had been sent by Dr. Alexis Thompson of Edinburgh.

Some excellent historical and pathological specimens were provided for examination by contributors, and Mr. W. Martindale of Cavendish-square exhibited a large assortment of the most recent drugs and the latest modifications of instruments, which attracted much attention.

OUR MILITARY PRISONS.

THE report of the Inspector-General of Military Prisons for 1889 shows that accommodation is provided in the home prisons for 1543, and in the colonies and abroad (not including India) for 564 prisoners. At home there were 3542 men received into the prisons during the year and a daily average of 548 in confinement. In only one instance did the number exceed the accommodation, and that to a very trifling extent. In the prisons abroad the number received was 2720, and the daily average 236. These numbers, however, do not include men confined in provost prisons and cells or in local prisons, and therefore do not represent the amount of offences committed during the year. A return in the appendix shows the number of sentences by court-martial to have been 5647, and minor punishments by commanding officers 114,529 in the army at home, together amounting to 118 per cent. of the strength. These figures show a considerable reduction in the number compared with previous years, but it is impossible to say how much of this has depended on changes in the Army Regulations and how much represents actual diminution of offences.

Very little information is given as to the health of the prisoners, but from the tables in the appendix we find that the cases of sickness in the home prisons amounted to 166 in an average of 548 men, or 303 per 1000; but there is a very remarkable difference in the proportion which occurred in the different prisons. Thus the ratio per 1000 was in Chester 83, Gosport 86, Aldershot 145, Dublin 170, Stirling 212, Cork 340, and Brixton 825. We omit Taunton and Naas, as they were occupied during only a portion of the year. No information is given as to the diseases, nor is any remark made regarding the very high ratio of cases in Brixton Prison. The proportion of cases in the prisons abroad was 280 per 1000; at Malta it only amounted to 46 per 1000, a result probably due to some local arrangement for the transfer of cases to the Station Hospital.

The medical officer of Brixton Prison has turned to account some old prison returns by making an analysis of the cases of 5000 prisoners committed to Millbank in 1870–72, and comparing them with a similar number in Brixton in 1883–88. Among other points he has taken the height as recorded on enlistment, and has found the average to have been the same in the two periods—5ft 6¾in. As regards age he says: "Practically the age of those enlisted at present is greater than it was twenty years ago; it may be only fractional, still it is undoubtedly greater. ..... The prevailing age was between eighteen and nineteen, whereas the number of men enlisted at this age has fallen off nearly half, and the number enlisted at from nineteen to twenty has considerably increased." We are somewhat disposed to question the accuracy of the deduction drawn from the figures. Those who have had practical experience in recruiting know how easily recruits adapt their ages to existing regulations. It is impossible to obtain evidence as to age, and the objections made of late years to taking young lads into the service has, we strongly suspect, led to a system of overstating the age with a view to diminish the chance of rejection. With another remark of the medical officer also we cannot entirely agree. Speaking of the classes from which recruits are obtained and the reasons which lead them to enlist, he remarks, "The criminal population do not enter into the category at all. It is a rare thing to see a criminal, and if he does enlist it is only to get out of the way." Surely a recruit would scarcely announce his occupation as being a criminal, and we are not aware of any means by which one of that class could be recognised if he presented himself for enlistment. The medical officer of Aldershot Prison says, "The prisoners are as a rule men of small mental capacity, those who have benefited least from the spread of general education. ..... If more attention was paid to the mental and personal history of the recruits, men whose fathers or relatives have died in public lunatic asylums, or who themselves have previously served terms of imprisonment in civil penal establishments, would not be admitted to the service." But he unfortunately omits to show in what manner this information as to their personal and family history could possibly be obtained by the recruiting officer or the medical officer by whom the men are passed. We cannot but regret that so very little information is still given, for we have pointed it out before, as to the nature of the diseases for which the prisoners come under treatment, and the probable causes of the great difference in the proportion of sickness which occurs in the different prisoners.

SOCIETY FOR THE STUDY OF INEBRIETY.

AT a quarterly meeting of this Society, held at 11, Chandos-street on Tuesday last, the President, Dr. Norman Kerr, in the chair, Dr. F. O. Spaink (Baarn, Holland) read a paper giving an account of experiments on rabbits, to demonstrate the influence of alcohol in the production of peripheral nerve degeneration. Ethylic alcohol was administered by the mouth daily at 9 A.M. The animals were enclosed in a wooden box, with only the head accessible, so that none of the degeneration could be attributable to manual manipulation. Five series of rabbits were employed. One portion of each series, destined for the control, was also fed with the catheter by the mouth, but not with alcohol. One individual of each series was killed prior to the experiment, for the microscopical examination of the normal nerves. As rabbits cannot vomit the exact quantity injected was accurately recorded. The alcohol was given at first with water and starch, and later with milk and eggs, the "controls" having the same diet without the alcohol. The alcoholised, after chronic use of large doses, lost weight; their weight increased later than that of the "controls"; and death resulted from the effects of alcohol, too little nutrition, too much cooling, and exhaustion. On post-mortem examination there was greater muscular and healthy fat development in the "controls," and in several of the alcoholised gastric chronic hæmorrhagic catarrh, with in one case a gastric ulcer. Delirium tremens supervened in several cases. Microscopically the alcoholised showed marked peripheral nerve degeneration. This consisted in discontinuance, swelling, and thinning of the nerve fibres, in large oval accumulations and drops of myelin, and in empty neurilemmata. A new finding was a peculiar alteration of the axis cylinders, spirals of several adjacent fibres, the axis cylinders being generally thicker, broader, and more diffuse. At times the spiral was followed by another with a normal cylinder between. Sometimes a real loop was found. Mr. L'Oste (Gipsy-hill) then read a paper on Hereditary Inebriety, giving the family history of several cases. When the inebriate transmission was paternal there was often a low mental and moral organisation, when maternal the prevailing type was extreme nerve disturbance. Mr. Jabez Hogg, Dr. Arthur Jamison, Dr. H. Williams, Dr. A. Murray, and the President took part in the discussion.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5539 births and 3590 deaths were registered during the week ending Oct. 4th. The annual rate of mortality in these towns, which had risen in the preceding three weeks from 18·6 to 20·0 per 1000, declined again last week to 19·3. The rate was 16·7 in London and 21·4 in the twenty-seven

provincial towns. During the thirteen weeks of last quarter the death-rate in the twenty-eight towns averaged 19·1 per 1000, and was 1·1 below the mean rate in the corresponding periods of the ten years 1880–89. The lowest rates in these towns last week were 10·3 in Derby, 14·1 in Bristol, 15·5 in Leicester, and 16·3 in Oldham; the highest rates were 30·6 in Manchester, 31·4 in Newcastle-upon-Tyne, 33·1 in Plymouth, and 34·2 in Preston. The deaths referred to the principal zymotic diseases, which had increased from 599 to 694 in the preceding three weeks, declined again last week to 659; they included 377 from diarrhœa, 74 from measles, 61 from scarlet fever, 58 from "fever" (principally enteric), 49 from diphtheria, 40 from whooping-cough, and not one from small-pox. The lowest death-rates from these diseases were recorded in Halifax, Huddersfield, and Wolverhampton; and the highest in Bradford, Sheffield, Manchester, Birkenhead, and Preston. The greatest mortality from measles occurred in Manchester, Brighton, Cardiff, and Birkenhead; from scarlet fever in Liverpool, Derby, and Manchester; from whooping-cough in Norwich; from "fever" in Norwich, Plymouth, and Birkenhead; and from diarrhœa in Manchester, Sheffield, Cardiff, Bradford, Bolton, and Preston. The 49 deaths from diphtheria included 28 in London, 4 in Salford, and 3 in Liverpool. No death from small-pox was registered in any of the twenty-eight towns, and no small-pox patients were under treatment at the end of the week either in the Metropolitan Asylum Hospitals or in the Highgate Small-pox Hospital. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of last week was 1777, against numbers increasing from 1427 to 1681 in the preceding six Saturdays; the patients admitted during the week were 249, against 211 and 206 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had been 187 and 222 in the preceding two weeks, further rose last week to 262, and exceeded the corrected average by 13. The causes of 65, or 1·8 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Norwich, Leicester, Oldham, Sunderland, and in six other smaller towns. The largest proportions of uncertified deaths were recorded in Hull, Liverpool, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19·6 and 18·7 per 1000 in the preceding two weeks, further declined to 18·0 in the week ending Oct. 4th, and was 1·3 below the rate that prevailed during the same period in the twenty-eight large English towns. The rates in the eight Scotch towns ranged from 11·8 in Greenock and 14·7 in Dundee to 20·3 in Perth and 21·2 in Leith. The 467 deaths in the eight towns showed a decline of 16 from the number in the previous week, and included 38 which were referred to diarrhœa, 16 to whooping-cough, 8 to "fever," 8 to measles, 7 to diphtheria, 5 to scarlet fever, and not one to small-pox. In all, 82 deaths resulted from these principal zymotic diseases, against 89 and 72 in the preceding two weeks. These 82 deaths were equal to an annual rate of 3·2 per 1000, which was slightly below the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of diarrhœa, which had been 41 and 34 in the preceding two weeks, rose again last week to 38, of which 15 occurred in Glasgow, 8 in Dundee, 7 in Edinburgh, and 4 in Leith. The deaths from whooping-cough, which had been 25 and 12 in the previous two weeks, rose again to 16 last week, and included 10 in Glasgow and 3 in Edinburgh. The 8 fatal cases of measles exceeded by 3 the number in the preceding week, and included 6 in Glasgow. The deaths referred to "fever," which had been 4 and 11 in the previous two weeks, declined last week to 8, of which 5 occurred in Glasgow and 2 in Dundee. The 7 fatal cases of diphtheria included 5 in Glasgow, 2 in Edinburgh, and 2 in Leith. Of the 5 deaths from scarlet fever, 4 occurred in Glasgow. The deaths referred to diseases of the respiratory organs in the eight towns, which had been 74 and 95 in the preceding two weeks, declined again last week to 84, and were 15 below the number in the corresponding week of last year. The causes of 48, or 10·3 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had risen from 17·3 to 20·8 per 1000 in the preceding three weeks, declined again to 19·4 during the week ending Oct. 4th. During the thirteen weeks of last quarter the death-rate in the city averaged 20·2 per 1000, the rate for the same period being 18·1 in London and 16·6 in Edinburgh. The 131 deaths in Dublin showed a decline of 10 from the number in the previous week; they included 12 which resulted from diarrhœa, 4 from "fever," 2 from whooping-cough, 1 from diphtheria, and not one either from measles, scarlet fever, or small-pox. Thus the deaths referred to the principal zymotic diseases, which had been 13 and 19 in the preceding two weeks, were again 19 last week; they were equal to an annual rate of 2·8 per 1000, the rate from the same diseases being 2·7 in London and 2·5 in Edinburgh. The deaths from diarrhœa, which had been 4 and 13 in the preceding two weeks, declined again last week to 12. The fatal cases of "fever," which had been 4 in each of the preceding two weeks, were again 4 last week. The deaths of infants under one year of age last week corresponded with the number in the preceding week, while those of elderly persons showed an increase. Four inquest cases and 3 deaths from violence were registered during the week; and 27, or more than 20 per cent., of the deaths occurred in public institutions. The causes of 14, or more than 10 per cent., of the deaths were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.—Surgeons-Major Thos. Gardiner Bolster, M.D., F.R.C.S.I., and Alexander Haldane Stokes, M.B., retire on retired pay (both dated Oct. 8th, 1890).

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Deputy Inspector-General of Hospitals and Fleets Rinso Robert Siccama has been placed on the retired list (dated Sept. 30th, 1890).—The undermentioned Surgeons have been promoted to the rank of Staff Surgeon in Her Majesty's Fleet—viz.: Alexander Martin French, Edward Hanbury Williams, and Edward Ferguson (all dated Sept. 30th, 1890).

The following appointments have been made:—Deputy Inspector-General Thomas S. Burnett to Chatham Hospital (dated Oct. 2nd, 1890). Staff Surgeons: Otway P. Browne to the *Ganges* (dated Oct. 20th, 1890), and James C. Dow to the *Northampton* (dated Oct. 4th, 1890); J. C. Harkin, M.B., to be Surgeon and Agent to Teelin and Malinmore, and Ebenezer Davis to be Surgeon and Agent to Oxwith and Rossile (dated Oct. 8th, 1890).

VOLUNTEER CORPS.—*Artillery:* 1st Renfrew and Dumbarton: Acting Surgeon W. A. McLachlan, M.D., to be Surgeon (dated Oct. 4th, 1890).—1st Orkney: Acting Surgeon G. V. Gilray, M.B, resigns his appointment (dated Oct. 4th, 1890).—1st Gloucestershire: Acting Surgeon A. M. Sydney-Turner resigns his appointment (dated Oct. 4th, 1890).—*Rifle:* 5th (Perthshire Highland) Volunteer Battalion, the Black Watch (Royal Highlanders): Acting Surgeon C. S. Lunan, M.B., resigns his appointment (dated Oct 4th, 1890).—3rd Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): Second Lieutenant A. A. Kanthack is appointed Acting Surgeon (dated Oct. 4th, 1890).

Correspondence.

"Audi alteram partem."

PAROXYSMAL HÆMOGLOBINURIA.

To the Editors of THE LANCET.

SIRS,—In an interesting article on this subject in THE LANCET of last week Dr. Donald Hood expresses a doubt as to whether the peculiar destruction of corpuscles which accompanies a paroxysm of this disease takes place in all cases in the general circulation, although admitting that the essential pathology is to be found in a faulty state of the blood corpuscles. In support of his contention he instances two cases, which, however, I venture to think do not altogether support the view which he advances. The alternate freezing and thawing of blood is the usual method employed in the laboratory for obtaining "laky" blood—i.e., blood in which the corpuscles have been disintegrated, so that the hæmoglobin can become uniformly diffused through the plasma. Admitting that the corpuscles are in a faulty state, when, as I have shown in the case of pernicious anæmia, they very readily break down, and supposing that the body

surface is exposed to a severe chill, is it unreasonable to imagine that the opposite extremes of temperature to which the blood alternately becomes exposed, in the skin and the internal organs respectively, may have a somewhat similar effect to that which is produced by such means, on blood outside the body? In a paper by Dr. Bristowe and myself, published in THE LANCET of Aug. 10th and 17th, 1889, we endeavoured to show that such was really the case, basing our opinion mainly on the fact that the characteristic urine may only appear once, that voided both before and after the paroxysm being perfectly normal; the change in the urine, however, being preceded for sometimes half an hour, or even more, by an enormous destruction of red corpuscles in the circulating blood. This, it seems to me, could hardly be the case if the destruction took place in the glomeruli of the kidney, as then by catheterising the bladder in the manner we adopted a certain amount of pigmented urine should have been obtained, at least, as soon as any great alteration in the number of the corpuscles was to be detected in the blood. Dr. Hood says nothing abnormal was noticed in the blood in his case, but he apparently did not examine it with the hæmocytometer. In a recent case I have obtained even more convincing evidence on this point. A patient before experimental exposure to cold had a blister applied to the lumbar region at such a time that serum commenced to collect just before the initial rigor came on. His bladder was evacuated and the urine found to be normal, but serum taken immediately after from the blister, when examined with the spectroscope, showed well-marked bands of oxyhæmoglobin. The urine was subsequently removed every quarter of an hour, and it was not until the third attempt that it was found to contain hæmoglobin. After a comparatively slight exposure to cold we obtained no pigment in the urine, although there was distinct evidence of destruction of corpuscles, but a proteid only, which consisted for the most part of a globulin, the liver apparently being able to deal with a certain amount of free hæmoglobin, which would account for the temporary increase of bile described by Noel Paton. Ponfick, too, observed that whilst the injection of large quantities of blood caused hæmoglobinuria, the injection of small quantities caused no such elimination. Moreover, if the pigment in the urine were due to rupture of the glomeruli, there is surely no reason why the blood should be present in the "laky" form, especially if extracted in considerable quantities at a time. With regard to Dr. Hood's difficulty in there being no intense discolouration of the skin, it must be remembered that, as he himself says, the blood pigment is got rid of within at most an hour or so by the united efforts of the liver and kidneys, whereas in jaundice bile pigment may be circulating in the blood for days or weeks.

Again, attacks experimentally produced certainly *do* show a relation between the area of chilled surface and the amount of specific urine subsequently passed—a man on whom some of my experiments were carried out having much severer attacks after a bath than after immersion of the hands merely in much colder water for a similar length of time.

I am, Sirs, yours obediently,

S. MONCKTON COPEMAN.

Physiological Laboratory, St. Thomas's Hospital, Oct. 6th, 1890.

*** It may be convenient here to correct two misprints which occurred in the 13th and 14th lines of the last paragraph of Dr. Donald Hood's paper published in our columns last week. The figures 7 and 9 respectively should have been printed with the decimal point: thus ·7 and ·9.—ED L.

RECURRENT APPENDICITIS.

To the Editors of THE LANCET.

SIRS,—An annotation in the last issue of THE LANCET, dealing with an article by Dr. Dennis on recurrent appendicitis, calls for some comment. Although I have not had an opportunity of reading the original article, yet from a recent conversation I have had with my friend Dr. Dennis, I am convinced that your annotation gives a very concise and accurate summary of his views. In matters involving new elements of surgical treatment there is not infrequently a disposition to pass into extremes. When mercury was first employed for syphilis, it was used with such indiscriminate vigour that patients suffered as much from poisoning by the drug as from poisoning by the disease. Then came a reaction, led by those who, with no compromise, urged that mercury should never be administered in syphilis. The modern treatment represents the reasonable mean between the two excesses. The surgical treatment of recurrent typhlitis or appendicitis is passing through similar phases. In 1888 I ventured to propose that certain cases of recurrent typhlitis should be treated by removing the appendix at what I believed to be the safest and most convenient time—viz, during the quiescent period (Med. Chir. Trans., vol. lxxi) Since that date the appendix has been excised with quite reckless frequency, and from the writings of some surgeons it would appear as if the removal of the vermiform process constituted the sole mode of treating this common disease. Deaths have resulted from these meaningless and indiscriminate operations, and with Dr. Dennis' protest against this too-exuberant surgery I am in the fullest accord. Dr. Dennis, however, appears to me to incline somewhat to the other extreme, since he objects to the operation almost *in toto*, and is especially opposed to interference except during an inflammatory attack. Ovid's advice, *in medio tutissimus ibis*, may not be inappropriate here.

I have recently discussed the question so fully in opening the debate on the Surgical Treatment of Typhlitis at the Leeds meeting of the British Medical Association that I would now only emphasise certain points. The great majority of all cases of typhlitis get well without surgical treatment of any kind. There are cases of relapsing typhlitis which are not due to troubles in the appendix. On the other hand, in nearly every fatal case of so-called typhlitis the vermiform process has been found involved. The operation for removing the appendix is only called for in a few selected cases, and I should be within the mark in saying that out of ten patients I see with a view to operation, I do not operate in eight. No time is worse for excising the appendix than during the progress of an acute inflammation. One of the best substantiated of surgical axioms is that which opposes any but most pressing operations in an inflamed area. The operation for removing the process is often difficult and intricate, and can only be safely carried out during the quiescent period. If acute inflammation be present and an incision be called for, the less that is done in addition to the mere incision the better.

Dr. Dennis advises that the appendix when excised should be excised on the second or third day of an actual attack. Those who have experienced the difficulties of this operation, and who have been impressed with the terrible consequences which often follow the attempt to carry out a plastic operation in an acutely inflamed district, will shrink in dismay from Dr. Dennis' advice. It is true, as Dr. Dennis would urge, that the patient's next attack may be his last, and the operation, if carried out in the quiet period, may be uncalled for. This may be true in more senses than one. It may be the last attack and the man may live, or the last attack and the man may die. In most of the instances in which I have decided to operate the diseased appendix could be felt either per rectum or in the iliac fossa, and it could be established that its condition was such as to render a fresh outbreak probable. I have up to the present time had no death from this operation. In three cases I have abandoned the attempt to remove the process, having learnt that in some instances removal may be impossible.

I am, Sirs, yours faithfully,

London, Oct. 6th, 1890. FREDERICK TREVES.

THE MEDICAL STUDENT'S "EDUCATION" IN MIDWIFERY.

To the Editors of THE LANCET.

SIRS,—The 18th resolution of the General Medical Council is a standing disgrace, and the sooner it is removed the better. It is as follows: "Every student should be required to attend for three months the in-door practice of a lying-in hospital; *or* to have been present at not less than twelve confinements, at least *three* of which he should have conducted personally under the direct supervision of a registered practitioner." Would the profession like the public to know that each doctor may secure a degree on such terms? Even now does the profession engage a newly qualified doctor to attend their wives' confinements? In 1887 Dr. Glover called the serious attention of the Medical Council to the fearfully loose condition of training in midwifery. However, if we remember that there are men in the profession determined to divorce midwifery and pharmacy

from medicine and surgery we shall not be surprised. The Medical Act of 1886 places midwifery on the same level as medicine and surgery, and it is our duty to see that it is properly taught. Consequently I have proposed that the Council recommend the examining bodies to demand certificates showing (*a*) that each has attended a six months' course of lectures on midwifery, puerperal diseases, diseases of women and of infants; (*b*) that each has attended the clinical instruction of a lying-in hospital or hospital with a maternity department for six months; and (*c*) that each has been present at fifty confinements, having personally conducted thirty of these. Supposing 1300 students are qualified each year, this means that we would require 39,000 confinements for clinical teaching. About 35,000 confinements were conducted by twenty-five hospitals last year and about 8600 at the Poor-law infirmaries. There is therefore no dearth of cases. Besides, practitioners might be licensed by the Council to teach pupils. Another point is, that the Council should request the examining bodies to increase the stringency of the examination in midwifery, giving a separate paper, a separate clinical, and a separate oral on midwifery, on diseases of women, and on diseases of infants, as the present method adopted by some bodies of combining these three subjects in one paper, and one oral examination does not sufficiently test the theoretic knowledge and practical skill of students Dr. Barbour has emphasised this in his inspector's report to the Medical Council. In connexion with this subject I would earnestly point out that it is the duty of the profession to the public and to itself to keep back all Midwives' Registration Bills, and all efforts to form a new order of obstetric practitioners, until at least we have secured the above. We have to note that there is not sufficient clinical material *to educate properly* both medical students and pupil midwives, and consequently there is this danger, that, while the few supporters of the registration of midwives propose improving these, they will work a great evil if they do anything to lessen the practical skill of that large body of general practitioners on whom the general public have to depend. Therefore let us put our own house in more perfect order before we begin to cry out for a new order of obstetric practitioners. If each doctor will write to the five direct representatives on the Medical Council—viz, Mr. Wheelhouse, Dr. Glover, Sir W. Foster, Dr. Bruce, and Dr. Kidd, asking them to do all in their power to induce the Medical Council to improve the educational status of students in obstetrics and diseases of infants, and the stringency of examinations, and at the same time to use their best efforts to oppose any legislation regarding midwives, then we shall make a practical advance. As there are a few who care neither for the public good nor the professional weal, but who see an opening for doing a little cheap philanthropy and posing as the protectors of "poor lying-in women," I would advise doctors to wake up to the dangers with which they and their patients are threatened.

This suggested educational improvement is so closely related to the Midwives' Registration Bill that I would wish to ask your readers, supposing midwives were empowered to conduct "normal" labours, will the draftsmen give us their definition of "normal"? Ah, no, they will not! Again, even supposing a penal clause were introduced against a midwife who exceeds her duty, who is to prosecute and how could evidence—real convincing evidence—be collected? But I have it in writing from an official determined to drive a Midwives' Bill through that when the Bill passes another will be introduced giving midwives power to use forceps, turn, and vaccinate. They do it on the Continent! If they deny this, will they give a guarantee that no such Bill will be introduced? A practical question here to ask is: Supposing a midwife were registered under this Act, would it be legal for a doctor to employ her as a qualified assistant in obstetrics? If so, this would act most injuriously on young doctors. We know what a howl would go up if someone offered to register by Act of Parliament surgical nurses, clinical clerks, hall porters, and St. John Ambulance pupils to act in cases of minor medicine and surgery. Both proposals are similar, and therefore, for this and the above-stated reasons, I would ask the profession to set their back against this proposed new order of midwifery practitioners, as they would be dangerous to the public good and detrimental to the highest interests of the profession.

I am, Sirs, yours faithfully,

ROBT. REID RENTOUL, M.D., M.R.C.S.

Liverpool, Oct. 7th, 1890.

TENACITY OF VITALITY IN LARVÆ.

To the Editors of THE LANCET.

SIRS,—Dr. Mackintosh's letter in your issue of this week raises a point of perhaps greater interest to veterinary than to human surgeons. His evidence against hydrarg. perchlor. certainly surprises me, and I cannot agree with him that its use is futile in the case of sheep infested with the larvæ of musca Cæsar, for I have successfully treated many cases with a solution of hyd. perchlor., three grains to one ounce of water, and have certainly seen the larvæ killed in a very few minutes. Last year I had under treatment a shorthorn bull which fractured its right horn core in a fight, and established a communication with the frontal sinus at the base of the horn core. Three days elapsed between the infliction of the injury and my first visit, when I found that the flies had been very busy on the wound, and the facial sinuses were full of a wriggling mass of maggots, which were constantly being discharged from the nostril. I at once amputated the injured horn core, and so enlarged the orifice, into which I injected four drachms of the above solution—an operation which caused a profuse discharge of larvæ, alive and dead, from both the upper opening and the nostril. Two similar injections the next day apparently cleared out all the larvæ, for the injections were repeated for four days; none appeared after the second day. The orifice at the base of the horn core was kept plugged with tow and tar, and the wound healed in three weeks. Latterly I have used a 5 per cent. solution of creoline in my sheep practice, owing to the danger to children and others which arises from the farmers' habit of leaving the bottle of hydrarg. perchlor. solution in the hedge till required again; and as I have found creoline destructive to larvæ, possibly Dr. Mackintosh may include it in his further experiments. The length of time larvæ survive in eucalyptus oil is interesting, as I have never seen anything die so instantaneously as adult wasps when immersed in it. I shall certainly benefit by Dr. Mackintosh's experiments, and try chloroform water when occasion arises.

I am, Sirs, your obedient servant,

Exmouth, Sept. 27th, 1890. F. A. PLACE, M.R.C.V.S.

THE PHYSIOLOGICAL SOCIETY'S MEETING AT EDINBURGH.

To the Editors of THE LANCET.

SIRS,—I have just read your correspondent's account of the meeting of the Physiological Society at Edinburgh in your issue of Aug. 2nd. All who were present can bear out what your correspondent has said regarding the success of our visit to the Edinburgh laboratories. We were royally entertained by the College of Physicians, and we spent a profitable forenoon in the laboratory of the College. I think, however, it ought to be known that we were not less cordially entertained by Professors Rutherford and Ewart in the hall of the New University Union, where a goodly company of members of the Society assembled at lunch. Most of us afterwards spent the greater part of the afternoon in the physiological laboratory of the University, where a number of interesting scientific communications were made to us. Professor Rutherford showed a new and beautiful method for demonstrating the effect of a galvanic stream on muscles; also experiments on the electrolysis of blood by Dr. J. Middlemass and himself. Professor Crum Brown showed an ingenious model to illustrate the effect of rotation on the semicircular canals, and he demonstrated the method by which he had determined the relative positions of the canals. Professor Ewart communicated his researches on the electrical organs and ciliary ganglion of the skate. Dr. Haycraft showed a new method for estimating the specific gravity of blood, and demonstrated the production of musical sounds by the valves of a dead sheep's heart. Dr. A. Waller showed experiments on electrical polarisation, and there were interesting demonstrations by Drs. Carlier, Whiting, and Muir. I am sure that all the members of the Society who were present in the University laboratory in the afternoon must have felt as I did, that we would have been sorry to have missed the valuable demonstrations so carefully arranged for us there.

I am, Sirs, yours faithfully,

Physiological Laboratory, Owens College, Manchester, Oct. 5th, 1890. WM. STIRLING.

NOTIFICATION: IS IT LIKELY TO SUCCEED?

To the Editors of THE LANCET.

SIRS,—In reply to your correspondent, Dr. F. P. Atkinson, on the Infectious Diseases (Notification) Act, 1889, he may not know that whooping-cough and measles are not defined as infectious diseases in that Act, but the local authority may by order extend their power of requiring report in respect of other diseases not defined. This is what has probably taken place in his district. It is possible that the framers of the Act were imbued with the popular idea that these two diseases are so contagious that they must be universal when once they are started, and that it is useless to try to escape them. Certainly as regards whooping-cough, its beginning is so insidious and its duration so long, that one possibly may be sometimes rather inclined to the belief that there can be no advantage from reporting it; but with both measles and whooping-cough it is possible that, on the first real suggestion of an epidemic to the authorities, the closing of schools and similar precautions may confine the disease to a few houses instead of a whole community. To my mind the object of the Act is excellent. To get to the fountain head or cause of the disease (I do not refer to any minute microscopic or chemical cause), that is the object of the Act. What can be sounder than for a well-advised central authority to know of all cases—that is, effects,—and if possible trace them back to their cause; if not possible, then to prevent these in time becoming causes by doing away with their poison. In this way notification is likely to succeed. The pity is that the application of the Act or the notification of its definitions may in any way be left to local option. I have myself known of a fatal case of diphtheria of the worst type in a district where the Act is not in force, within one hundred yards of one borough boundary, and half a mile from a second borough boundary.

I am, Sirs, yours faithfully,

Rochdale, Sept. 26th, 1890. WILLIAM STANWELL.

SANITATION AT SEA.

To the Editors of THE LANCET.

SIRS,—The letter which appears in THE LANCET of Oct. 4th from Dr. Stuart Hallows might possibly cause an erroneous impression respecting my statements regarding sanitation, in one, at least, of the P. and O. Company's ships, in the year 1876.

Dr. Hallows remarks: "If Mr. Piggott had done the usual thing—consulted with the captain &c." My report was duly read and signed by the commander of the ship the day before our arrival at Aden, outward bound, and was transmitted from there to the chief office of the company, Leadenhall-street, addressed to the managing directors, the commander fully concurring in its provisions. With regard to "the unpleasant ordeal of appearing before the higher powers," allow me to inform Dr. Hallows there is nothing derogatory in an officer conscientiously performing his duty, let the result be what it may.

A few months after being dismissed from the P. and O. Company I applied for an appointment in the Royal Mail Company's service, and their chairman upon hearing *the reason of my dismissal* from the P. and O. Company without any hesitation gave me the appointment I desired.

I am, Sirs, yours faithfully,

EDWD. A. PIGGOTT, L.R.C.P. & S. Edin,
Late Surgeon P. and O. Company.

Clare, Suffolk, Oct 4th, 1890.

OVERDOSE OF CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—On Sept. 10th, while performing a lateral lithotomy on an Arab boy, about sixteen years old, it was suddenly found that the patient had stopped breathing. He had been got under perfectly quietly, and he had evidently simply got too much of the anæsthetic. It was still being administered when the stoppage of respiration occurred. Artificial respiration, with head thrown back over the edge of the table and with the ammonia bottle at the nose, was kept up for, I think, nearly two minutes. The time was not taken, however, and it may have been more or less. Then very feeble respiration began and gradually strengthened. At the beginning neither the pulse at the wrist nor heart impulse could be felt, but throughout there was a feeble flickering seen in the lines of the carotid vessels in the neck. Thus there is no doubt that respiration was mainly affected, and artificial breathing was sufficient to bring the patient round.—I am, Sirs, yours truly,

H. HERBERT,
Aden, Sept. 17th, 1890. Surgeon, I.M.S.

HOSPITALS AND CHILDREN'S INSURANCE.

To the Editors of THE LANCET.

SIRS,—I beg to enclose copies of two letters; one which I wrote to the Secretary of ——— Hospital, and the reply. I remain, Sirs, your obedient servant,

Welbeck-street, W., Oct. 7th, 1890. ERNEST SNAPE.

[COPY.]

St. Marylebone General Dispensary, 77, Welbeck-street, W., Oct. 6th.

DEAR SIR,—I waited until this morning expecting to hear from you with regard to my letter in THE LANCET and the answer given to it by the Editors of that paper. As you will see, I offered, if I was in the wrong, to apologise to you; as it turns out that the course I pursued was justifiable, I am sure you will see that some apology is due to me for the rudeness of the letters I have received from your hospital. In case I receive no answer from you I shall feel obliged to lay the matter before the Board of ——— Hospital.

I remain, faithfully yours,

The Secretary, ——— Hospital. ERNEST SNAPE.

[COPY.]

——— Hospital, Oct. 6th, 1890.

DEAR SIR,—I have your letter of this day's date, which closes with these words: "In case I receive no answer from you I shall feel obliged to lay the matter before the Board of ——— Hospital." With such a fearful threat hanging over my head, should I fail to answer, you will scarcely be surprised to know that I grasped my pen on the instant. I never, or scarcely ever, see THE LANCET, and therefore my proceedings are not affected by what may appear therein. I fear too, that if I read it I should not respect it, for the *fiat* of a judge who forms his judgment on an *ex parte* statement is not worth a brass farthing. I have no doubt that great weight attaches to any statement, even though unsupported, that you may make, but *audi alteram partem* is still a good motto, though I fear too old-fashioned for you. I should have replied to your letter in the absence of your threat to bring my conduct, if I failed to do so, to the notice of my Board; but since circumstances, which you do not deserve that I should explain to you, have been such that no previous letter of yours to me has met with so prompt a reply, you are perhaps entitled to consider your method of extracting a prompt reply a great success. This satisfaction I should be sorry to deprive you of; I can only regret the great pains you have been at to secure it. I remain, faithfully yours,

Ernest Snape, Esq. ——

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Owens College.

THE Session 1890–91 was opened on Thursday, Sir Spencer Wells delivering "the introductory." The report presented by the Dean (Dr. Young) of the work of the past year shows an unbroken record of progress. The number of students attending the medical department of the College was 387, of whom 134 were preparing themselves for degrees in the Victoria University, and 66 for those of the London University. To those whose memory of our medical school goes back only a dozen years, this gives evidence of a vastly higher standard aspired to by the student of to-day as regards his "qualification." In those days the large bulk of the men were content with "the College" and "the Hall," whereas more than 50 per cent. now aspire to a University degree. Sir Spencer Wells' address was almost entirely devoted to sanitary matters. Speaking in Manchester, whose death-rate has become notorious amongst the large towns of the country, he had a topic possessed of interest to a much larger circle in this district than his immediate audience, but, like many others not familiar with the life conditions and population of Manchester, he drew unjustifiable contrasts between us and such towns, for instance, as Nottingham. Of course, he could scarcely avoid in this connexion alluding to cremation, in which he is known to take special interest, and he forcibly urged the substitution of this method of disposal of the dead in our large centres of population. The same evening the College medical dinner was held at the Queen's Hotel, the Principal of the College, Dr. Ward, presiding. Most of the members of the medical staff were present, together with a number of old students; but as present students have now for some years had a dinner of their own at a later date in the session, the number of these attending at the more sedate gathering is always small.

Extensions of College and Infirmary.

For some time the requirements of the medical depart-

ment of the College have outgrown its accommodation, and it is now proposed to extend the buildings of the medical school, at a cost of upwards of £30,000. In the meantime, provision has been made for the increased needs of the physiological department in a temporary building adjoining the school. The subject of extension or reconstruction of the Infirmary also is again under consideration, a special committee being appointed by the Infirmary Board at its last meeting to consider and report upon the whole question.

Hope Hospital.

The Local Government Board have forwarded their decision with reference to the late inquiry held at Salford into the administration &c. of the Hope Hospital, and, although they have come to the conclusion that the more serious charges made against the medical superintendent were not proved, they consider there have been laxity and neglect on the part of both the superintendent and the assistant medical officer, and have called upon them to resign their appointments. The Board of Guardians, on receipt of this report, endorsed it, and asked both officers to send in their resignation. This the medical superintendent refuses to do, and in a letter addressed to the Local Government Board tells the Board that, as the charges against him were not sustained, he feels it unjust to himself to be called on to resign, and that the Board will have to dismiss him if they insist upon their edict being carried out.

Sanitation and the City Council.

If public meetings, addresses by clergy, formation of sanitary societies, lectures, and the like, are to have any good effect upon the sanitation of this city, some improvement ought before long to be apparent. The City Council appear to be about to do all they legitimately can towards reforming and remodelling their sanitary administration. It is proposed to form a new committee, to be called the "Sanitary Committee," to replace the old Health Committee, which will take over from the latter only such work as should be undertaken by such a committee, and also to take from various other committees, such as the Watch, the Nuisance, the Highways, the Unhealthy Dwellings Committee, &c., those duties which properly devolve upon an efficient sanitary committee. In the coming municipal elections it is proposed to put forward as a candidate Mr. T. C. Abbott, the hon. sec. of the Sanitary Association, to specially represent the growing need and demand for sanitary reform and progress.

Cremation.

The annual meeting of the Manchester Cremation Society was held yesterday, and much satisfaction was expressed at the progress of the movement in Manchester and district during the past year. We are now within a measurable distance of the erection of a crematorium adjoining the Southern Cemetery, and the Society, although not taking any part as a Society in providing this, is doing much to spread a knowledge of the principles underlying the movement. Seeing that the president of the meeting was the Chancellor of the Diocese, and that several clergymen are on the council of the Society, it would appear that the time has passed for any serious opposition to this sanitary reform from the ministers of the Protestant churches.

Medico-legal Cases.

A terrible murder was committed on Saturday at Longsight, one of the suburbs of the city, where a man, during a domestic quarrel, shot his wife, killing her instantaneously. To-day there come reports from Huddersfield of a fatal case of poisoning from eating diseased meat. A goose that had died and ham which had been bought for twopence per pound were eaten by a number of persons, all of whom were seized with illness afterwards, and on Saturday one of these cases proved fatal.

Manchester, Oct. 7th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle College of Medicine.

THE winter session of the University of Durham College of Medicine, Newcastle, was opened on the 1st inst. The chair, in the absence of the president, Dr. Heath, was taken by Dr. Gibson, who, in the course of his address, remarked that the past year had been a most successful one as regards the number of students generally attending; their classrooms had been diligently and faithfully attended, and a large amount of work had been done in the anatomical rooms, which had been recognised by the appointment of an additional demonstrator. The veteran Dr. Embleton, who was very warmly received by the students, distributed the prizes, and in the course of his address to them remarked that it was the sixty-fourth anniversary of his entry to the profession.

The Disaster to the Newcastle Firemen by Nitric Acid.

Captain Nicholls, the Chief Constable of Newcastle, in his report, desires to place on record "the highly efficient services which have been rendered to the men who were so seriously injured by the medical practitioners, Mr. J. R. Baumgartner, Mr. T. A. Dodd, Dr. Wm. Teesdale Wilson, and Dr. Henry Baumgartner, who have been in charge of them, whose kindly attention has been most conspicuous, and is highly appreciated by the whole force. We are also much indebted to the staff of the Royal Infirmary and for the loan of nurses, and to the Nurses' Home, St. James-street, for a supply of nurses, from whom the injured have received much comfort and relief."

Saving of Life in the Tyne.

An interesting ceremony took place on Saturday last at the Watch House of the Tynemouth Volunteer Brigade, when the portraits of the founders of the brigade (in 1864) were hung in the house. The foundation of the brigade sprang out of the disastrous wreck of the *Stanley* steamer at the mouth of the Tyne, and it was the first of its kind in any country; but now there are no less than 292 similar institutions, and some idea of their value may be formed when it is stated that last year they saved no less than 202 lives.

Hexham.

The Hexham sanitary authority having, after remonstrance from the Local Government Board as to the inadequate salary offered, appointed a medical officer of health, the Board has written expressing its regret at the action of the authority, and stating that it can only agree to the salary and appointment for one year, when it hopes the authority will make a fresh arrangement with an increased salary.

The New Hospital for Sunderland.

The new Hospital for Infectious Diseases in Sunderland, erected by the corporation, was opened on the 1st inst., the mayor, several members of the corporation, and the medical officer of health, Mr. A. E. Harris, being present. The new buildings stand on about twelve acres of land, about two miles and a half from the centre of the town. The situation is on very high ground, and well into the country. There are five blocks of buildings—viz., the house department, the laundry block, and three isolated pavilions, in which the patients are to be received. The general arrangements and fitting up of the wards and other departments appear to be as nearly perfect as possible. The total number of beds will be forty-two, but should the emergency arise provision could be made for considerably more, so that at last Sunderland is provided with a proper fever hospital.

The Outbreak of Typhoid Fever on Tees-side.

At the last meeting of the Stockton sanitary authority, the medical officer, Dr. Stainthorpe, reported that the epidemic had spread with increased rapidity during the past fortnight. Since his last report there had been fifty-nine more cases, which occurred as much in the districts of the better class of houses as amongst the working classes. Scarlet fever was also reported as prevalent. Dr. Stainthorpe has also notified an outbreak of typhoid fever in the Cotham (Redcar) district. He says that the only other case of enteric fever in any of the districts of the Guisborough Union is at Low Lackenby, which also receives its water from the same source as that supplying some of the infected districts. He thinks that the wideness of the districts affected shuts out the idea of milk being the common cause.

Middlesbrough.

At the half-yearly court of governors of the North Riding Infirmary, Middlesbrough, it was stated that the workmen's subscriptions had increased by £189, the general subscriptions by £17, and the Hospital Sunday Fund by £60, the total subscriptions showing an increase of £300. The expenditure had also increased, which could be fully accounted for by the larger number of patients and nurses, and the higher prices of coal and beef.

Presentations.

Dr. W. M. Renton of Chester-le-Street, having for the

past two winter sessions conducted two separate ambulance classes, one for men and one for women, with marked success, each reaching a high standard of excellence, was last week on two occasions presented with addresses and testimonials of respect as a medical man and as a teacher.—Another presentation took place in Newcastle to David Urwin, who, under peculiarly difficult circumstances, saved the life of a child from drowning in the Tyne in June last, making, as Alderman W. D. Stephens said, the fiftieth life Urwin had thus saved. He is well known on the Tyne as a powerful swimmer, and he has a "knack," if it may be so called, of turning his swimming to account in saving life.

Newcastle-on-Tyne, Oct. 8th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

The Managers of the Royal Infirmary, Edinburgh, and the Dean of Guild Court.

THE managers of the infirmary have decided to proceed with the building of their Nurses' Home, notwithstanding the protest of the Dean of Guild Court. They considered the objects raised by the Court, and point out that in the original plans it was intended to have a three-storey pavilion on the proposed site, whereas the Nurses' Home is to be only 26 ft. high to the ridge of the roof. As to the objection to the building being quadrangular, it is pointed out that the space in the centre is 60 ft. square, and that the whole south front is to stand on stilts so as to allow the free passage of air. The managers also mention that since the infirmary was built the number of patients treated has increased by 60 per cent., and this necessarily implied a great increase in the number of nurses and servants, proper accommodation for whom is urgently required. They have therefore ordered the architect to proceed with the plans, which had of course been anxiously considered by the medical committee and the lay managers before being definitely accepted.

Edinburgh Water-supply.

To meet the views expressed some time ago at a town council meeting Mr. Mansergh, C.E., London, has been appointed to act with Mr. Hill and Mr. Gale, the two engineers selected to report on the water-supply of the city; and, in addition, certain proposed alterations in their instructions which were thrown out from a technical informality have been put into their hands.

Medical Examinations in Edinburgh.

During the past week the preliminary medical examinations in connexion with the University and also with the Royal College of Physicians and Surgeons have been held. In addition to these, what are known as "specials" are being held this week. These are for men who partially failed at the last regular examinations, and both second professional and final men are represented. They are only granted to men who have very partially failed, or for some good reason were not able to be present at the earlier examination.

Health of Edinburgh.

The mortality last week was 87 and the death-rate 17 per 1000. Diseases of the chest accounted for 24 and zymotic diseases for 6, 3 of which were due to whooping-cough, 2 to diphtheria, and 1 to scarlatina. The intimations for the week comprised 27 cases of typhoid, 7 of diphtheria, 35 of scarlatina, and 9 of measles.

The Edinburgh City Hospital.

The Public Health Committee have decided on the erection at the City Hospital of a patent steam disinfector, by a Nottingham firm, at a cost of £265 10s.

Addition to the Fife and Kinross Asylum.

At a meeting of the Fifeshire Lunacy Board last week it was finally decided to add hospital wards to the asylum fitted for 120 patients. The estimated cost is £12,000. In 1868, when the asylum was first built, it contained 200 patients; it now contains 400.

Health of the City of Aberdeen.

During the week ending Saturday, the 4th inst., there were 32 cases of zymotic diseases notified to the medical officer of health; and of these 2 were cases of measles, 23 of scarlet fever, 1 of diphtheria, 3 of typhoid fever, and 3 of whooping-cough. This shows a marked decrease in the number of cases of measles and whooping-cough.

Sanitary Association Examination.

On Wednesday, the 1st inst., an examination for the certificate of competency of the Sanitary Association of Scotland was held in Marischal College, Aberdeen. There were nine candidates, and the certificate was granted to five. Of the five successful candidates, three hold the office of assistant sanitary inspector, one is a surveyor, and one is a "water inspector." The examiners were Professor Matthew Hay, Dr. Nasmyth, Cowdenbeath; Mr. Cameron, sanitary inspector, Aberdeen; and Mr. Fyfe, sanitary inspector, Glasgow.

The Fifeshire Medical Association.

A meeting of the Fifeshire Medical Association was held in the Duncan Institute, Cupar, on Friday afternoon last, Dr. Constable (Leuchars) President, in the chair. The following were elected office-bearers for the ensuing year:—Dr. Spence, President; Dr. John W. Moir (St. Andrews), Vice-President. Council: Drs. Laing and Smith (Kirkcaldy), and Mr. Graham (Leven); Dr. A. G. Macdonald, Treasurer; and Dr. Douglas, Secretary. The Association then adjourned to dine at the Tontine Hotel. Prof. Grainger Stewart, in an interesting and enjoyable sketch, gave an account of experiences at the recent Berlin Congress.

Oct. 7th.

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

The Presidency of the Royal College of Physicians of Ireland.

DR. LITTLE'S tenure of office will terminate on St. Luke's Day, Oct. 18th, when his successor will be elected. The Vice-President is never promoted to the vacant chair, contrary to the custom which exists at the College of Surgeons. I believe the choice of the Fellows, who are the electors, will fall on Dr. J. Magee Finny, who is eminently qualified to fill the high position of President of the Royal College of Physicians of Ireland. Dr. Finny is one of the leading physicians in Dublin, his career has been a most distinguished one, and among his many appointments may be mentioned the King's Professorship of the Practice of Medicine in the School of Physic, Trinity College. Three gentlemen have been nominated for the Fellowship of the College of Physicians—viz., Mr. Edwin Lapper, Professor of Chemistry, Schools of Surgery, Royal College of Surgeons; Mr. Conolly Norman, resident medical superintendent of the Richmond Lunatic Asylum; and Dr. Joseph O'Carroll, physician to the Richmond Hospital. The election for Fellowship will be held on St. Luke's Day, the 18th inst.

Conjoint Scheme of the Royal Colleges of Physicians and Surgeons.

The First Professional Examination commenced on Oct. 6th, there being about twenty-five candidates. It is rumoured that Mr. Thornley Stoker, who for some years has examined in anatomy under the conjoint scheme, will this month examine in surgery, his place being filled by one of the examiners in surgery.

Monopoly of Hospital Appointments.

It is contemplated, I understand, to refer the question of the existing disabilities of those holding qualifications of the Royal Colleges of Physicians and Surgeons of Ireland in respect to hospital and public appointments in some parts of England to a joint committee of the two Colleges.

Father Mathew Centenary.

Dr. B. W. Richardson will visit Dublin next week as representative of the National Temperance League. During his visit he will deliver a lecture on "The Physical Standards of Abstinence," the proceeds to go towards the expense of erecting a monument to the great advocate of temperance.

Raynaud's Disease.

There is an example of Raynaud's disease at present in the Meath Hospital, under the care of Dr. Foot. He is fifty-five years of age, and has always been subject to cold feet and hands, which in cold weather were, to use his own words, "the colour of a candle." Twelve months ago the extremities became blue and then almost black, the hands being more affected. Attacks of congestion came on at regular intervals, these seizures being attended wit

numbness or dull pain up to the elbows and knees. He has improved since he was admitted about five weeks ago.

Belfast Hospital for Consumption.

On Friday, Oct. 3rd, the opening ceremony in connexion with this hospital was performed by the Countess of Shaftesbury. The premises in Fisherwick-place, Belfast, were formerly used for consultation by extern patients, but recently extensions and alterations have been carried out, so as to fit them for an intern hospital. It is intended to make a beginning in this way until the trustees have sufficient funds to build a large institution in the healthy district of Ballynafeigh. Attention was drawn by one of the speakers present to a pamphlet by Dr. Howard Sinclair, showing that 12 per cent. of the working classes in the mills and factories of Belfast were consumptive, and an appeal was made to the inhabitants for support for this new Hospital for Consumption.

The Belfast Hospital for Sick Children.

The Convalescent Home of this hospital, which has been erected at Newtownbreda, near Belfast, is now finished, and will shortly be ready for the reception of patients.

The University Extension Scheme.

The second session in connexion with the Belfast Society for the Extension of University Teaching was opened last week in the chemistry class-room of Queen's College, Belfast, by Professor Letts, who is to give a course of twelve lectures on the Chemistry of some Common Things. President Hamilton, who occupied the chair, said that last year over 700 students availed themselves of the advantages offered by the Society, and this session, encouraged by the success of their efforts last year, the committee intended to have six classes. He bade the Society heartily welcome to Queen's College. In old days "town" and "gown" were antagonistic, but that was not his idea of the function or duties of a College, which he thought should be a fountain from which the waters of knowledge should flow freely. Hence, as President of the College, he (Dr. Hamilton) thought he was right in taking part in a movement of the kind tending towards the education of the citizens. There can be no question that the success of this scheme is almost entirely due to the interest taken in it by the President of Queen's College. On Saturday last Prof. Letts lectured to the working men, and on Tuesday Sir Robert Ball, Astronomer Royal of Ireland, gave the inaugural address on "Other Worlds."

General Viscount Wolseley, the new Commander of the Forces in Ireland, intends making a tour throughout Ireland for the purpose of examining the sanitary condition of the various barracks. This inspection will occupy Lord Wolseley two months.

Sir Rowland Blennerhasset, Bart., succeeds Dr. Plunkett O'Farrell as Inspector of Reformatory and Industrial Schools in Ireland. The appointment is worth about £600 a year.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Death of Dr. Alexander Boggs.

IT is my painful duty to record the death of my valued *confrère* and staunch friend, Dr. Alexander Boggs, which took place on the morning of the 5th inst., after a few hours' illness. Up to the time of the fatal occurrence he was in his usual health, and there was nothing in his condition to cause anxiety to himself or his friends as to the immediate future. It was long evident, however, to his many acquaintances, both professional and lay, that the hand of time was not dealing lightly with him—he was old for his years,—for although only sixty-seven when he died he looked at least ten years older, with his pronounced arcus senilis and obviously increasing feebleness. There was, however, no evidence of any organic disease beyond some feebleness of the heart's action and atheromatous vessels—symptoms, it is true, that follow in the train of processes known as senile, which, in my kind colleague's case, were clearly advancing all too early. Indeed, he had but recently returned to harness from a month's vacation spent in the mountains of Switzerland, from which he told me, no later than a few days ago, he derived much benefit. On the evening of the 5th inst., however, without any previous warning, he was suddenly seized with paralysis, followed rapidly by unconsciousness and coma, and in a few hours all was over. Alexander Boggs was born in Madras of Irish parents, his father being an officer in the army at the time serving in India, but who died during the Rangoon expedition. He began his studies at the Madras School, completing them in London, where he was admitted a member of the Royal College of Surgeons, and shortly afterwards appointed surgeon in the Madras Medical Service. Here he served for some years, retiring shortly before the outbreak of the Crimean War, for which he volunteered service, and was appointed surgeon in the Turkish contingent. For this he was decorated with the order of the Medjidie. The Indian Mutiny now breaking out, he at once returned to the field of his former labours, joined Sir Colin Campbell's expedition for the relief of Lucknow, and was afterwards awarded, in recompense for his services during those trying days, the Indian Mutiny medal and a substantial pension. He now retired into civil life, came to Paris in 1863, passed the examinations at the University of Paris, and graduated M.D. in 1866. Commencing practice amongst the large foreign colony of English which existed in Paris during the rosy days of the Second Empire, he soon acquired a considerable reputation, and attended several notabilities in his time. In addition to this he occupied himself largely with literary work, and was a regular contributor to the columns of THE LANCET, as well as to several transatlantic medical periodicals. His wife, a French lady, survives him, as well as two daughters and two sons, the elder of whom is an officer in the French army. The funeral took place to-day from the English church in the Rue d'Aguesseau, and was attended by the chief members of the British colony in Paris both lay and professional. It may without cavil be said that a man with a kinder or more gentle disposition never breathed than Alexander Boggs'; and if it be possible to pass through this life without making a single enemy, he was a man such as must surely have realised it. We could but ill afford to lose such a one, and it is sad to think we shall now miss his genial presence for evermore. Our English community in this city is indeed to-day the poorer for the loss of an honest citizen, and our profession for that of an upright *confrère*.

Cholecystectomy.

At a recent meeting of the Academy of Medicine, M. Terrier gave the details of a case in which he successfully performed the operation of cholecystectomy. The patient, a female fifty-five years of age, had suffered from attacks of hepatic colic since the age of twenty-nine, and since last March she had been jaundiced. The operation was performed on July 7th. The distended gall-bladder was first punctured, giving exit to some ounces of mucous fluid. The greatly thickened walls of the viscus were then detached from their adhesion to the duodenum and liver, and an incision into the bladder enabled the operator to remove the calculi which were contained within it. Some concretions were expelled from the cystic duct, and on palpation the common duct was found to be empty. At that depth it was only practicable to put a simple ligature around the cystic duct, but this did not suffice to prevent the formation of a biliary fistula. By utilising the omentum, some provision was, however, made against the escape of bile into the general cavity of the peritoneum; and the next day the dressings were saturated with bile. This flow ceased in about ten days, and after a month the fistula quite closed and the stools contained bile. The patient regained her strength, and had no return of hepatic symptoms. M. Terrier remarked that this was the fifth cholecystectomy practised in Paris. In a previous case in which he had operated, the patient was not, as in the present one, suffering from jaundice at the time. In both the thickening of the walls of the gall-bladder favoured the operation. He dwelt on the fact that bile does not excite peritonitis. In reply to M. Lancereaux, M. Terrier said that he attributed the jaundice in this case to contiguous inflammatory swelling of the common duct, which was itself free from calculi. The general opinion was expressed that surgical intervention in cases of gall-stone would become more common, and the tolerance of the peritoneum was vouched for by more than one speaker.

The Continental Anglo-American Medical Society.

The annual meeting of this Society was recently held at the Grand Hotel in Paris. Its object is to bring together English and American physicians for the friendly inter-

change of views on various medical subjects. A banquet, under the presidency of Prof. Ball, was held in the evening. After the usual toasts, Dr. Faure Miller proposed a vote of thanks to the chairman, who responded in felicitous terms.

Paris, Oct. 7th.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

Poisoning by Sulphonal.

WITHIN the past few weeks some deaths have been reported from the use of sulphonal. The patients exhibited symptoms of acute nephritis, and died in a few days. The doses in each case amounted to one gramme per day. The urine, on examination, exhibited the red colour characteristic of methæmoglobin, which directed the attention of the physicians to the possibility of poisoning by the drug. Investigations on the subject are being continued in several of the laboratories, with a view of discovering whether the symptoms were not due to impurities in the preparation used or idiosyncrasies of the patients.

The Chair of Physiology.

Professor Siegmund Exner, formerly assistant of Professor Bruecke, has been ordered by the Government to act as interim Professor of Physiology at the Vienna University, but it is hoped that he will become the successor of his now retired master as soon as the buildings of the new Physiological Institute are finished.

Recovery of Professor Kahler.

Professor Kahler, the Chef de Clinique interne, who has been very seriously ill from an attack of acute polineuritis during the whole summer, has completely recovered, and last week resumed his clinical work.

A New Policlinic.

An Association of Physicians and Privat-docentens has been formed here, with a view of founding a new policlinic, where post-graduate courses will be given. It is believed that the opening of this new institution will take place in February next.

Influenza.

Cases of influenza have been reported during the last week from some Hungarian and Alpine districts; in most of them intestinal disorders, accompanied by rheumatic pains, were the principal symptoms.

Vienna, Oct. 6th.

Obituary.

CLIFFORD WINSLOW TURNER, M.R.C.S., &c.

DEEP regret s felt at both Leeds and Newcastle on account of the death of Mr. Clifford Winslow Turner, who, after a student career in which, as it seems to his friends, not an hour was idled and no single opportunity lost, and which was marked by success which gave brilliant promise for the future, died at Newcastle on Sept. 9th last at the early age of twenty-seven. He was educated at the Leeds Grammar School, and entered the medical department of the Yorkshire College in May, 1881. Here he quickly made his mark. He took the medals in junior and senior anatomy, in medicine, surgery, and pathology, and also gained the surgeons' clinical prize. He qualified in 1886. He held successively the post of assistant in the pathological laboratory, of house physician, and house surgeon at the General Infirmary at Leeds, and in August, 1887, he was elected resident medical officer and pathologist at this hospital.

On removing to Newcastle for the purpose of graduation he obtained first-class honours at his Second M.B. Durham; he acted as demonstrator in anatomy and physiology, and was a popular and successful private tutor; he acquired experience in mental diseases as resident assistant at the Northumberland County Asylum, and was on the eve of graduation when he died. His nine years of professional study are an admirable example of how the higher medical education may be sought. Young as he was, he had accumulated a remarkable amount of clinical material, marked by close and accurate observation, and by the skilful use of graphic methods of record. He was a man of high Christian character, and his friends warmly testify to the inspiring influence of his enthusiastic devotion to his profession and to the scientific method and spirit of his work. He was highly esteemed by those under whom he worked both in the Yorkshire and Newcastle Colleges. The cause of his death was, it is believed, ulceration of the stomach and duodenum, and it is to be feared that death was accelerated by persistence in arduous study, when continuous pain and sickness and increasing debility indicated the necessity of putting care for health before everything else. This care of health as a preparation for life-work seems to be the one thing that many of our very best men fail to learn. The profession has lost a member of no ordinary promise in Clifford Winslow Turner.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT a quarterly meeting of the Council of the College held on Thursday, Oct. 9th, the minutes of the ordinary Council meeting of July 28th were read and confirmed. As recommended by the Museum Committee, Mr. J. H. Targett, F.R.C.S., was unanimously appointed Pathological Curator of the Museum in succession to Mr. Eve, who has resigned.

The annual reports of the various Committees were read and confirmed.

As recommended by the Nomination Committee, the Examiners in Public Health, under the combined Examining Board in England, will be appointed in June, at the same time as the other Examiners of the College, and Drs. Stevenson and Thorne Thorne were re-elected to hold office until that time.

Mr. J. W. Hulke was reappointed a member of the Committee of Management.

The Council then proceeded to the consideration of the draft of the Report to be presented to the Fellows and Members of the College at the meeting appointed to be held on Thursday, the 6th of November next. This report may be had on application, by any Fellow or Member of the College, on and after the 15th inst.

A letter dated 29th July last, from Mr. Herbert William Allingham, was read, requesting the Council on behalf of the Association of Fellows of the College to receive a deputation from that Association in October to represent their views on matters of urgent importance to the College. It was resolved that the request conveyed by Mr. H. W. Allingham be granted, provided he supply the names of the Fellows by whose authority the request is made, and the nature of the matters of "urgent importance" to be discussed. A committee consisting of ten Members was appointed to meet the deputation at such time as may be arranged.

A letter was read, dated Aug. 6th, from Mr. Arthur Milman, Registrar of the University of London, reporting that the communication from the College in reference to the reconstitution of the University of London would be considered by the Senate early in the autumn.

A letter was also read, dated August 1st, from Dr. Liveing, reporting proceedings in relation to matters common to the two Colleges.

A letter of the 19th ult., from Dr. Robert R. Rentoul, suggesting for the consideration of the Council certain resolutions in reference to the Midwives' Registration Bill, was laid before the Council.

Permission was given to Dr. William Hunter to make use of the College work rooms for the purpose of original investigation.

ASSOCIATION OF SANITARY INSPECTORS OF GREAT BRITAIN.—The annual meeting of this Association was held at the Carpenters' Hall, London-wall, on Saturday last. Mr. Hugh Alexander, chairman of the Council, presided. The annual report stated that thirty-eight new members had been received, while nine had died, the net increase being twenty-nine. The defects in the law in regard to sanitary inspectors were pointed out, and amendments suggested. It was urged that the law should define the qualifications for sanitary inspectors, tenure of office, duties, and emolument. The report was adopted. Mr. Alexander was re-elected chairman, and the election of members to the Council followed.

Medical News.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board at a meeting of the Examiners on the 6th inst.:—

Anatomy and Physiology.—John Hepple, student of Yorkshire College, Leeds; J. P. Race and H. K. Birley, of Owens College, Manchester; G. P. L. Gregory and A. E. Wigginton, Queen's College, Birmingham; F. C. Fosbery and R. H. Chilton, of Bristol Medical School; E. H. Beresford, of Bristol and Mr. Cooke's School of Anatomy and Physiology; J. M. Evans, of Anderson's College, Glasgow, and London Hospital; H. A. Fido, of Grant Medical College, Bombay; and E. M. B. Payne, of St. Bartholomew's Hospital.

Anatomy only.—F. B. Cooper, of Sheffield School of Medicine; John Brown, of Owens College, Manchester; William A. Pierce and J. H. Moore, University College, Liverpool; H. S. Hughes, of Queen's College, Birmingham; E. L. Davey, of St. Bartholomew's Hospital; C. F. P. Baly, of University College; and R. E. T. Ingram, of Guy's Hospital.

Physiology only.—F. B. Webster, H. W. Pritchard, H. C. Renshaw, Reginald Alcock, and Thomas Aspinall, of Owens College, Manchester; J. W. Taylor and F. W. Cave, of Bristol Medical School; G. H. Tomlinson, of Queen's College, Birmingham; and J. F. Smart, of St. Thomas's Hospital.

Passed on the 7th inst.:—

Anatomy and Physiology.—W. H. Lendrum, of Queen's College Belfast; T. A. Beddy, of Dublin and Middlesex Hospital; S. J. Stuck, of Middlesex Hospital; R. Newnham-Davis, of St. Mary's Hospital; A. H. Hosford, of University College; and A. V. Chapman, of Guy's Hospital.

Anatomy only.—A. Knowles, of Yorkshire College, Leeds; E. C. Drake, of Westminster Hospital and Mr. Cooke's School of Anatomy and Physiology; V. J. Robin, of Adelaide University; W. G. Macauley, of St. Thomas's Hospital; R. B. Williams, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology; H. W. Joyce, of King's College and Mr. Cooke's School of Anatomy and Physiology; E. F. N. Currey, of St. Bartholomew's Hospital; J. A. Edsell and C. W. Smith, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology; W. R. Barrett and W. H. Fry, of Charing-cross Hospital: L. P. Gordon, of Charing-cross Hospital and Mr. Cooke's School of Anatomy and Physiology; G. A. Skinner, of Guy's Hospital; G. E. May and H. Du Stepanian, of London Hospital.

Physiology only.—J. E. Abbott, T. A. Bottomley, and J. E. H. Mitchell, of Yorkshire College, Leeds; Maxwell Dick, of University College; M. T. Archdall, of Charing-cross Hospital; C. H. Wright, of Owens College, Manchester; Patrick F. Howden, of Bristol Medical School; A. H. Godwin, of University College, Liverpool; S. Ernest Morton, of Sheffield Medical School; A. V. Evans, of St. George's Hospital; A. P. Brice, of Westminster Hospital; A. E. Shepherd, of Middlesex Hospital; T. D. Manning and Ernest Hunt, of Guy's Hospital; Frank W. Rock, of St. Bartholomew's Hospital.

Passed on the 8th inst.:—

Anatomy and Physiology.—Charles W. Wilson, of McGill College, Montreal; W. A. Savage, P. H. Stirk, and Gilbert Elliot, of University College; J. E. Passmore, of London Hospital; C. E. Woakes, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; J. J. W. Baird, of Grant Medical College, Bombay; R. F. H. S. Wallace, of Charing-cross Hospital; George de Castro, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Anatomy only.—H. Hearnden, of Guy's Hospital; F. W. Mason and R. H. Powers, of St. Thomas's Hospital; J. F. H. Iles, of St. George's Hospital; S. L. Martin, of London Hospital; Harry Andreae, of University College; M. N. Tarachand, of Grant Medical College, Bombay; Thomas Davies, of Melbourne University; C. M. Welbourn, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Physiology only.—Daniel D. Brown, of St. Bartholomew's Hospital; T. W. Goldney, of Charing-cross Hospital and Mr. Cooke's School of Anatomy and Physiology; H. B. Emerson, of Leeds, Middlesex, and Mr. Cooke's School of Anatomy and Physiology; Henry Shepheard, of St. Thomas's Hospital; Bhola Nath, of Lahore and St. Thomas's Hospital; and Ernest W. Cooke, of London Hospital and Mr. Cooke's School of Anatomy and Physiology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having previously passed the necessary examinations, and having now attained the legal age (twenty-five years), were at the quarterly meeting of the Council admitted Fellows of the College:—

Bidwell, Leonard Arthur, L.S.A., Blackheath; date of Membership Jan. 21st, 1887.

Moyniham, Berkeley George Andrew, M.B.Lond., Leeds; Member, Nov. 10th, 1887.

The following gentlemen, having passed the necessary examinations, were admitted members of the College:—

Bullen, Hewitt John Lysaght, L.S.A., Bootle, Liverpool.
Challenor, Harry Septimus, L.S.A., Springfield, Abingdon.
More, John, L.S.A., Rothwell, Kettering.
Richards, Arthur Izod, L.S.A., St. Helens, Lancashire.

ROYAL UNIVERSITY IN IRELAND.—The following gentlemen have passed the Third Examination in Medicine of the University:—

Upper Pass Division.—Alexander Blaney, Robert Campbell, John McIlroy, Daniel O'Driscoll, Michael O'Sullivan, Patrick T. O'Sullivan. (All the above may compete for Honours.)

Pass Division.—Patrick Bennett, Francis Brennan, Denis J. Collins, Isaac A. Davidson, James Fitzgerald, Charles H. Foley, Samuel Hamilton, William Hamilton, Wm. J. Hughes, James Lynass, William Monypeny, Adam Moss, Patrick J. O'Brien, Daniel O'Callaghan, James O'Connor, Howard Sands, James A. Scott, William Sullivan, Richard H. S. Torney.

CASES OF TRICHINOSIS.—It is reported that a family residing in the Lineinstrasse, Berlin, were recently stricken with trichinosis after eating German pork. Four of them suffered greatly for three days.

NEW HOSPITAL AT SOUTHAMPTON.—On the 1st inst., Surgeon-General Maclean opened at Southampton a free eye hospital, in connexion with which there is a department for the treatment of affections of the ear and throat.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.—At the first meeting of the session, held on the evening of the 3rd inst., the following gentlemen were elected office-bearers for the session 1890–91:—President, Dr. William Macewen. Section of Medicine: Vice-President, Dr. S. Gemmell; Councillors, Dr. W. G. Dun and Dr. Robert Pollok; Secretary, Dr. George S. Middleton. Section of Surgery: Vice-President, Dr. Hector C. Cameron; Councillors, Dr. J. C. Renton and Dr. James Paton; Secretary, Dr. John Barlow. Section of Pathology: Vice-President, Dr. W. T. Gairdner; Councillors, Dr. Joseph Coats and Dr. A. Milroy; Secretary, Dr. T. K. Dalziel. Section of Obstetrics: Vice-President, Dr. W. L. Reid; Councillors, Dr. Samuel Sloan and Dr. J. K. Kelly; Secretary, Dr. Lawrence Oliphant. Treasurer, Mr. Henry E. Clark; General Secretary, Dr. Walker Downie.

SCHOLARSHIPS AND PRIZES.—*St. Bartholomew's Hospital:* Senior Entrance Scholarships: Chemistry and Physics, Mr. Sinclair Gillies, of the New Zealand University; Biology and Physiology, Mr. F. A. Smith and Mr. Horton Smith, B.A., St. John's College, Cambridge (equal). Junior Entrance Scholarships: Mr. E. W. Groves, University College, Bristol; Messrs. H. T. Gillett and E. J. Toye, *proxime accesserunt.*—*Westminster Hospital Medical School:* Entrance Scholarships: Mr. A. T. White £80; Messrs. A. J. Smith and A. H. Evans (equal) £40. [The names of H. A. Stonham (Prize) and W. H. A. Tebbs (Certificate) were omitted from last week's prize list.]—*University College, Liverpool:* Holt Tutorial Scholars, A. J. Chalmers and W. E. Livsey. Lyon Jones Scholars, H. E. Annett (jun.) and F. J. Woods (sen.). Derby Exhibitioner: J. C. M. Given. Oakshott Prize: J. C. M. Given and V. B. Bennett (equal). Winter Session 1889-90: Third and Fourth Year Subjects—Medicine: J. C. M. Given, Silver Medal; V. B. Bennett and C. D. Holmes, Hon. Certificates. Surgery: G. H. Crofts, Hon. Certificate. Pathology: J. C. M. Given, Silver Medal. Obstetrics: G. Oldershaw, Silver Medal; W. N. Clemmey and V. B. Bennett, Hon. Certificates. Chemistry: J. A. Eatock, Silver Medal. Second Year Subjects—Advanced Anatomy and Physiology: F. J. Woods, Gold Medal; H. B. Dickinson, Bronze Medal; W. Edgecombe and E. Spencer, Hon. Certificates. First Year Subjects—Elementary Anatomy and Physiology: E. D. Minshull, Gold Medal; H. T. Nixon, Bronze Medal; D. D. Stewart, Hon. Certificate. Histology Prize: C. E. Lister and J. P. Nixon (equal). Summer Session, 1890: Materia Medica: J. A. Eatock and W. H. Budd, Hon. Certificates. Forensic Medicine: V. B. Bennett, Silver Medal; R. E. Roberts, E. Edwards, and W. N. Clemmey, Hon. Certificates. Practical Chemistry: H. G. Harding, Silver Medal; J. A. Eatock, Hon. Certificate. Students' Debating Society (Session 1889-90): First Prize for Essay, A. I. Thomas; Second ditto, W. Edgecombe. First Prize for Debating, J. Evans; Second ditto, R. D. Rodgers. Prize for Medical Cases, D. F. Williams. Professor Parker's Prize, W. N. Clemmey. Mr. Harvey Gibson's Prize, E. Spencer. Messrs. Lowndes and Bernard's Prize, R. Odell.—*Schools of Surgery, Royal College of Surgeons in Ireland:* Mayne Scholarship (£15), Thomas W. Fullerton; Carmichael Scholarship (£15), Andrew A. Gibbs; Gold Medal in Surgery, Robert B. Wright; Silver Medal, Thomas W. Fullerton. Histology: John Trumbull, First Prize and Medal; William H. Anderson, Second Prize. Practical Chemistry: Denis Molyneux, First Prize and Medal; Thomas A. Greene, Second Prize. Practical Pharmacy: Denis Molyneux, First Prize and Medal; Michael G. Hearne, Second Prize. Medical Jurisprudence: Catherine Maguire, First Prize and Medal; Thomas Fullerton, Second Prize.—*Sir P. Dun's Hospital:* Mr. W. Dawson has been awarded the Clinical Medal and a cheque for £5.

VACCINATION GRANTS.—The following public vaccinators have received the Government grant for efficient vaccination:—Mr. F. McD. Swallow, Silkstone district, Penistone Union (second time); Dr. Guy, for the Norwich and Thorp districts respectively.

WINE LICENCES TO CHEMISTS.—At Tynemouth Petty Sessions, on Sept. 29th, William E. Ward, chemist, Wallsend, applied for a wine licence to enable him to sell certain medicated wines. The chairman said the Bench had practically no option in the matter, it would therefore be granted.

WATER-SUPPLY, EASINGWOLD.—The Easingwold Rural Sanitary Authority have, after mature consideration, adopted a scheme for supplying water for the use of the inhabitants. The supply will be taken from the spring in Hanover Field, upwards of a mile from the town, and conveyed in pipes. There is an abundance of water, which is shown by analysis to be very pure. Application is to be made to the central authority for sanction to borrow £3250 to carry out the scheme.

FIRE IN A HOSPITAL.—A serious fire occurred on the evening of Sept. 22nd in the Hospital de Santo Antonio Oporto. Fortunately none of the patients were burnt, though they were dreadfully frightened, and many of them ran along the passages or were carried by others in a state bordering on nudity. It is stated that most of the female patients compulsorily detained in the lock wards took an opportunity of making their escape. *O Correio Medico*, in reporting the occurrence, calls attention to the inadequacy of the regulations regarding precautions against fire in asylums compared with those insisted on in the case of theatres.

THE COMPANY OF PLUMBERS, LONDON.—A meeting of the court was held in September last, when the officers for the ensuing year were elected. The clerk reported that the County Council for the West Riding of Yorkshire had resolved that no plumbers not duly registered be engaged on work in connexion with county buildings. The court subsequently entertained at dinner a number of guests, and Sir Philip Magnus, in responding to the toast "Industrial Education," referred to the large increase in the number of students attending the plumbing classes in connexion with the City and Guilds Institute, of whom 569 students presented themselves at the last examination held by the institute, and remarked on the important sanitary advantages of the registration system.

PUBLIC HEALTH MEDICAL SOCIETY.—A meeting of the Council of this Society was held this week, when letters were read from Dr. Rentoul *re* Midwives' Registration Bill and other subjects. The Council had under consideration how the interests of gentlemen holding qualifications in sanitary science might be further advanced, especially when they are candidates for Public Health diplomas. The secretary reported that only four gentlemen had returned their diplomas in Public Health to the University of Glasgow, and one other gentleman had passed successfully the examination of another licensing body. A special meeting of the Council of the University has been called, with the view to procure an Act of Parliament to cancel these diplomas. Seventeen gentlemen were elected members of the Society.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION. The following officers have been attached to the School for a course of instruction, and have recently passed the Proficiency Examination:—Surgeon-Major D. Russell, Surgeons J. Adams and G. Brumwell, Acting Surgeons J. B. Oliver, J. S Carleton, T. J. Compton, R. G. Roberts, J. K. Batter, B. J. Guillemard, H. J. Wheeler, W. A. Dingle, J. Maclachlin, and A. J. McD. Bentley. The instruction was commenced in May last under the late Surgeon Walter Pearce, and at his decease was carried on by Mr. Reginald Sleman, Ambulance Sergeant of the 20th Middlesex (Artists R.V.), who has since been promoted to Acting Surgeon in the same regiment, to whom applications should be made by those who wish to join the next class. The Regimental Stretcher-bearers' class, which is now being held at the head-quarters of the London Scottish R.V., Victoria-street, S.W., on Mondays, is the largest class the school has ever had, Surgeon H. F. Stokes, London Rifle Brigade, being Senior Medical Officer Instructor. Judging from the great interest which he is taking in all matters concerning the school, it will prosper under his command.

METROPOLITAN ASYLUMS BOARD.

Return of Patients remaining in the several Fever Hospitals of the Board at midnight on October 7th, 1890.

Hospital.	Beds occupied.						Total accommodation.
	Scarlet fever.	Diphtheria.	Typhus fever.	Enteric fever.	Other diseases.	Total.	
Eastern Hospital	286	52	1	85	7	431	442
North-Western Hospital	341	34	..	19	1	395	443
Western ,,	199*	10	..	11	..	220	262
South-Western ,,	222*	..	..	..	..	222	340
South-Eastern ,,	310	15	1	40	1	367	464
Northern ,,	410	28	..	..	..	438	480
Totals	1768	139	2	155	9	2073	2429

* 1 infant and mother

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ANDERSON, G. R., L.R.C.P. Lond., M.R.C.S., has been appointed House Surgeon to the West Bromwich District Hospital.

ASHDOWN, H. H., M.D. Edin., M.R.C.S., has been appointed Medical Officer for the Tattershall District of the Horncastle Union.

BENNETT, WM. E., L.R.C.P., L.R.C.S. Edin., has been appointed Surgeon on board the steam-ship *Hector*.

BLACKFORD, J. V., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Medical Officer for the Workhouse and Infirmary of the Parish of St. Mary, Lambeth.

BONING, A. W., M.R.C.S., L.S.A.Lond., has been appointed Third Assistant Medical Officer to Worcester County and City Lunatic Asylum, vice Tanner.

CARPENTER, W. STANLEY, has been appointed Resident Clinical Assistant to the Paddington Infirmary, vice Osborne.

COX, STAFFORD MOURITZ, A.B., M.B. (T.C.D.), L.R.C.S., L.R.C.P.Irel., has been appointed House Surgeon and Secretary to the Chelsea, Brompton, and Belgrave Dispensary.

DISNEY, HENRY, M.B., L.M. Dub., has been appointed Medical Officer for the Fourth District of the St. Albans Union.

DOUGHTY, D. S., M.B., C.M., has been appointed Medical Officer for the Dalston District of the Carlisle Union.

FITCH, CHAS. D., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Chaddesley-Corbett District of the Kidderminster Union, vice Fitch, sen., resigned.

HENDERSON, JANE B., L.R.C.P., L.R.C.S. Edin., has been appointed Resident Clinical Assistant on the Ladies' side of the Holloway Sanatorium, Hospital for the Insane, Virginia Water.

HOUSLEY, JOHN, M.D. St. And., M.R.C.S., has been reappointed Medical Officer of Health for the East Retford Rural District.

LUNN, P. T., L.S.A., has been appointed Medical Officer for the Workhouse and the Sixth and Eighth Districts of the Launceston Union.

NESBITT, ROBT., L.K.Q.C.P., L.R.C.S. Irel., has been reappointed Medical Officer of Health for Sutton-in-Ashfield Union District.

TANNER, C. PRICE, L.R.C.P. Lond., M.R.C.S., has been appointed Second Assistant Medical Officer to Worcester County and City Lunatic Asylum, vice Atkinson, resigned.

THRESH, JOHN C., M.B., B.S.Vict., has been appointed County Health Officer for Essex.

WELSH, ROBT. C., M.B., C.M. Edin., has been appointed Medical Officer for the Sandy and Tempsford District of the Biggleswade Union.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

BIRMINGHAM CITY ASYLUM.—Assistant Medical Officer, Salary £120 a year, with board and lodging.

BIRMINGHAM CITY ASYLUM, Rubery-hill, near Bromsgrove.—Clinical Assistant. No salary, but board and residence provided.

CARDIFF UNION.—Resident Assistant Medical Officer for the Workhouse. Salary £100 per annum, with rations, apartments, attendance, and washing. (Apply to Mr. A. J. Harris, Clerk, Queen's Chambers, Cardiff.)

EAST SUFFOLK AND IPSWICH HOSPITAL.—Assistant House Surgeon. Salary £20 per annum, with board, lodging, and washing. (Apply to Mr. Mayhew, Secretary, Thorofare, Cornhill, Ipswich.)

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark-bridge-road, S.E.—House Surgeon. Salary £70, with board, washing, and residence.

FLINTSHIRE DISPENSARY.—Resident House Surgeon. Salary £120 per annum, with furnished house, rent and taxes free; also coal, light, water, and cleaning, or in lieu thereof the sum of £20 per annum. (Apply to Mr. Cole, Secretary, Board-room, Bagillt-street, Holywell.)

GENERAL HOSPITAL, Nottingham.—Honorary Physician.
GREAT NORTHERN CENTRAL HOSPITAL, Holloway-road, N.—House Physician.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Assistant Resident Medical Officer. Salary £50 per annum, with board and residence.
LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer. Salary commences at £105 per annum, with furnished apartments, board, attendance, and washing.
LIVERPOOL DISPENSARIES.—Head Surgeon. Salary £200 per annum, with apartments, board, and attendance. (Apply to Mr. Greene, Secretary, Leith Offices, 34, Moorfields, Liverpool.)
LUTON FRIENDLY SOCIETIES' MEDICAL INSTITUTE.—Assistant Medical Officer. Salary £120 per annum. A Dispenser kept. (Apply to the Secretary, 12, Grove-road, Luton, Beds.)
NORFOLK AND NORWICH HOSPITAL.—Surgeon and Assistant Surgeon on the Honorary Medical Staff. (Apply to Mr. Collins, Secretary, Norwich.)
NORTH-WEST LONDON HOSPITAL, Kentish-town-road.—Medical Officer; salary £50. Also Assistant Medical Officer; no salary. Each provided with board, residence, and washing. Both appointments for six months.
NOTTINGHAM BOROUGH ASYLUM, Wapperley Hill.—Resident Clinical Assistant for six months. No salary, but board and residence.
ROXBURGH DISTRICT ASYLUM, Melrose.—Assistant Medical Officer. Salary £100 a year, with board and lodging.
ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES, Northampton.—Junior Assistant Medical Officer. Salary 3 guineas a week, with board, lodging, and washing.
WEST LONDON HOSPITAL, Hammersmith-road, W.—House Physician and House Surgeon. Appointments tenable until March 31st. Board and lodging provided.
WEST RIDING ASYLUM, Wakefield.—Fourth Assistant Medical Officer. Salary £100, rising to £130 per annum, with board, lodging, and attendance.

Births, Marriages, and Deaths.

BIRTHS.

ANDERSON.—At Rue Bois de Boulogne, Paris, Marian Milner, wife of D. E. Anderson, M.D., of a daughter.
ANDERSON.—On Oct. 5th, at Sliema, Malta, the wife of Robert W. Anderson, Surgeon Royal Navy (H.M.S. *Australia*), of a daughter.
ASHWORTH.—On Oct. 5th, at Halstead, Essex, the wife of J. Henry Ashworth, F.F.P.S. Glasg., and M.R.C.P. Edin., of a daughter.
BATTEN.—On Oct. 4th, at Walton House, Lordship-lane, Dulwich, S.E., the wife of George B. Batten, M.D., C.M., of a son.
CLARKE.—On Oct. 5th, at Bolingbroke-grove, Wandsworth-common, S.W., the wife of Dr. Thomas Clarke, of a daughter.
FASKEN.—On Sept. 3rd, at Futtehgurh, N.W.P., India, the wife of Surgeon-Major W. A. D. Fasken, M.D., Bengal Medical Service, of a daughter.
GODDING.—On Oct. 1st, at Elphinstone-road, Southsea, the wife of Charles C. Godding, Staff Surgeon R.N. (H.M.S. *Agamemnon*), of a son.
HOSKIN.—On Sept. 29th, at Amhurst-road, London, the wife of Theophilus Hoskin, Surgeon, of a daughter.
LAWRENCE.—On Oct. 3rd, at Lynwid Villa, Bath, the wife of J. H. Harris Lawrence, M.R.C.S., of a daughter.
MOUAT-BIGGS.—On Sept. 30th, at Milverton, Malmesbury, the wife of C. E. F. Mouat-Biggs, M.R.C.S., L.R.C.P. Lond., of a son.
SIMPSON.—On Oct. 1st, at St. Andrew's, Uxbridge, the wife of Frederick G. Simpson, Dental Surgeon, of a son.
STILES.—On Oct. 7th, at 5, Castle-terrace, Edinburgh, the wife of Harold Jalland Stiles, M.B., F.R.C.S.E., of a son (stillborn).
TAIT.—On Sept. 30th, the wife of Edward Sabine Tait, M.D., Highbury-park, of a son.

MARRIAGES.

BRINTON—RENDEL.—On Oct. 8th, at Christ Church, Lancaster-gate, W., by the Rev. Charles Ridgeway, Vicar, Roland Danvers Brinton, M.D., of 8, Queen's-gate Terrace, S.W., second son of the late William Brinton, M.D., F.R.S., Physician to St. Thomas's Hospital, to Helen Constance, youngest daughter of Sir Alexander Rendel, K.C.I.E.
DICKENSON—PARK.—On Sept. 30th, at St. Mark's, Hamilton-terrace, N.W., Joseph Jewitt Dickenson, M.D., to Isabel, third daughter of J. C. Park, Esq., C.E., of Priory-road, West Hampstead.
LINGWOOD—BEVAN.—On Oct. 1st, at St. Nicholas', Harwich, Edgar Henry Lingwood, L.R.C.P. Lond., L.S.A., of Fernside, Plashet-road, Upton-park, Essex, to Annie Louisa, daughter of C. F. Bevan, Esq., J.P., of Harwich.
MCLAREN—KANE.—On Oct. 7th, at the Parish Church, Stoke-next-Guildford, Kenneth McLaren, M.B. Lond., of Cardiff, third son of the late John Wingate McLaren, of Addison-road, Kensington, to Edith Maria, youngest daughter of Deputy Inspector-General Matthew Kane, M.D., Madras Army (Retired List).
MINTER—HOGG.—On Oct. 7th, at St. Margaret's, Westminster, Ernest Denman Minter, Surgeon R.N., second son of J. M. Minter, M.D., R.N., Inspector-General of Hospitals and Fleets (retired), to Jane Frances Mary Jacob, stepdaughter and adopted child of H. J. Holder Hogg, Victoria-street, Westminster.
SANSOM—LANGFORD.—On Oct. 2nd, at Christ Church, Hornsey, Harry Arthur Sansom, M.D. Lond., of Eresby-road, West Hampstead, eldest son of A. Ernest Sansom, M.D., F.R.C.P., of Harley-street, W., to Gertrude, only daughter of Charles P. Langford, M.R.C.S., of Sunnyside, Hornsey-lane, N.
WOODCOCK—WANKLYN.—On Oct. 8th, at St. Andrew's, Wigan, by the Rev. A. E. P. Gray, Rector of Wallasey, assisted by the Rev. W. A. Wickham, Vicar of the Parish, and the Rev. H. St. George, Vicar of Billinge, Robert Fraser Woodcock, L.R.C.P. Lond. &c., third son of the late Edward Woodcock, Esq., of Springfield, Wigan, to Helen Elizabeth Mary, elder daughter of William Trevor Wanklyn, Esq., Springfield Hall, Wigan

DEATHS.

MARSDEN.—On Sept. 30th, at Penang, Straits Settlements, Harry Alban Marsden, L.K.Q.C.P.I., L.R.C.S.I., aged 26.
OLIVER.—On Oct. 1st, at Hackford-road, Brixton, Dr. Frank Oliver, aged 77.
RAWSON.—On Sept. 25th, suddenly, at his residence, Brooklands, Thornton, Bradford, Edwin Elsworth Rawson, M.R.C.S.E., L.S.A., aged 53.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

BOOKS ETC. RECEIVED.

ALCAN, FÉLIX, Paris.
Congrès Français de Chirurgie. 4e Session, 1889. Avec 55 Figures dans le Texte. 1890. pp. 756.

BELL, GEORGE, & SONS, York-street, Covent-garden, London.
Pasteur and Rabies. By Thomas M. Dolan, M.D., F.R.C.S. Edin. 1890. pp. 83.

BLACK, ADAM & CHARLES, Edinburgh.
The Collected Writings of Thomas De Quincey. By D. Masson. New and Enlarged Edition. Vol. XII.: Tales and Romances. 1890. pp. 467.

CHURCHILL, J. & A., New Burlington-street, London.
A Manual and Atlas of Medical Ophthalmoscopy. By W. R. Gowers, M.D., F.R.S. Third Edition, revised. Edited with the assistance of Marcus Gunn, M.B., F.R.C.S. 1890. pp. 330.

ILIFFE & SON, St. Bride-street, London.
Cycling and Health. La Santé par le Tricycle. By Oscar Jennings, M.D. Paris, M.R.C.S. Eng. Translated from the French of the Third Edition, Paris, 1889, by J. Crosse Johnston, Brigade Surgeon A.M.S. pp. 244. Price 1s.

LEA BROTHERS & CO., Philadelphia.
A Text-book of Practical Therapeutics, with especial reference to the application of Remedial Measures to Disease, and their employment upon a Rational Basis. By H. A. Hare, M.D. (Univ. of Pa.), B.Sc. 1890. pp. 632.

LEWIS, H. K., Gower-street, London.
A Text-book of the Diseases of the Ear. By Dr. J. Gruber. Translated from the Second German Edition, and edited by E. Law, M.D., C.M.Edin., M.R.C.S., and Coleman Jewell, M.B.Lond., M.R.C.S. With Illustrations and Coloured Figures. 1890. pp. 580.
A Handbook of the Theory and Practice of Medicine. By Fredk. T. Roberts, M.D., B.Sc., F.R.C.P.. Eighth Edition. 1890. pp. 1059.

LONGMANS, GREEN, & CO., London.
Anatomy, Descriptive and Surgical. By H. Gray, F.R.S., F.R.C.S. Edited by T. Pickering Pick. Twelfth Edition. 1890. pp. 1051. Price 36s.

LIPPINCOTT, J. B., & CO., Henrietta-street, Covent-garden, London.
Medical Diagnosis, with special reference to Practical Medicine: a Guide to the Knowledge and Discrimination of Diseases. By J. M. Da Costa, M.D., LL.D. Illustrated with Engravings. Seventh Edition, revised. 1890. pp. 995.
A System of Oral Surgery: being a Treatise on the Diseases and Surgery of the Mouth, Jaws, Face, Teeth, and Associate Parts. By James E. Garretson, A.M., M.D., D.D.S. Illustrated. Fifth Edition, revised, with Additions. 1890. pp. 1364.

MACMILLAN & CO., New York and London.
A Text-book of Physiology. By M. Foster, M.A., M.D., LL.D. With Illustrations. Fifth Edition, largely revised. Part III.: The Central Nervous System. 1890.

SMITH, ELDER, & CO., Waterloo-place, London.
Dictionary of National Biography. Edited by Leslie Stephen and Sidney Lee. Vol. XXIV.: Hailes—Harriott. 1890. pp. 445.
The Croonian Lectures on Cerebral Localisation. By D. Ferrier, M.D., LL.D., F.R.C.P. With Illustrations. 1890. pp. 152.

Lunacy Act, 1890; by Charles T. Street, L.R.C.P. Lond., M.R.C.S. (Neill & Company, Edinburgh, 1890).—Two Suggestions in Surgical Technique; by W. W. Keen, M.D., 1890.—Dupuytren's Finger Contraction; by W. W. Keen, M.D., 1889.—Deformity from Prominent Ears cured by a New Method of operating; by W. W. Keen, M.D., 1889.—Linguistic Training in Welsh Intermediate Schools; by Isambard Owen, M.D., M.A. (Whiting & Co., London, 1890).—Indici e Cataloghi X. Manoscritti di Filippo Pacini della R. Biblioteca Nazionale Centrale di Firenze (Roma, 1889).—The British Astronomical Weather Almanac, 1891; by B. G. Jenkins, F.R.A.S.; second 5000 (R. Morgan, Westow-street, Norwood); price 1d.—Administration des Services Sanitaires et d'Hygiène Publique: Rapport Annuel, 1888. (Imprimerie H. S. Hermann, Berlin.)—The Journal of Mental Science. Edited by D. Hack Tuke, M.D., and George H. Savage, M.D. October, 1890. (J. & A. Churchill, London); price 3s. 6d.—Einführung in das Studium der Bakteriologie; von Dr. Med. Carl Günther; Berlin, 1890 (Georg Thieme, Leipzig).—La Dengue et la Grippe: Etude des Epidémies de 1889 à Smyrne; par W. Chasseaud (Octave Doin, Paris, 1890).—The Action of Hyoscine Hydrobromate, Nitro-glycerine, Hydrocyanic Acid, &c., on the Circulation of the Blood; by A. C. Hugenschmidt, Paris (T. Symonds, Printer, Paris).—The Journal of Comparative Pathology and Therapeutics; edited by J. M'Fadyean, M.B., B.Sc., F.R.S.E. Vol. III. Part 3. September, 1890 (W. & A. K. Johnston, Edinburgh and London); price 2s. 6d.—Magazines for October: Good Words, Sunday at Home, Leisure Hour, Sunday Magazine (Isbister), Boy's Own Paper, Girl's Own Paper (Religious Tract Society), Scribner's.

Medical Diary for the ensuing Week.

Monday, October 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2.30 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.

UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.

SOCIETY FOR THE STUDY OF INEBRIETY.—4 P.M. Mr. Ernest Hart: Ether Drinking, its Prevalence and Dangers.

Tuesday, October 14.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electrotherapeutics, same day, 2 P.M.

THE SANITARY INSTITUTE (Parkes Museum, Margaret-st., W.).—8 P.M. Prof. H. Robinson: Drainage.

Wednesday, October 15.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M. Operations by the Obstetric Physicians on Thursdays at 2 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 3 P.M., and on Thursday and Friday at the same hour.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.

ST. PETER'S HOSPITAL, COVENT-GARDEN.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.

ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. H. B. Brady: Note on a New Type of Foraminifer.—Mr. F. C. Waite: New Method of Demonstrating Intercellular Protoplasmic Continuity.—Mr. G. F. Dowdeswell: Simple Form of Worm Stage for the Microscope.

Thursday, October 16.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.

HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Mr. Watson Cheyne: On the Expectant Treatment *versus* Operative Interference in Tubercular Disease of Joints. (The paper will be illustrated by lantern slides.)

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Patients and Card Specimens at 8 P.M. President's Address. Dr. Sharkey: On Graefe's Sign.—Mr. Lawford: Notes of a case of Recovery from Graves' Disease.—Mr. Donaldson: Paralysis of both External Recti, with Secondary Contraction of Internal Recti.—Mr. Benson: Case of Suspected Tumour Oculi.—Mr. Marcus Gunn: Cases of Traumatic Mydriasis.—Mr. E. Treacher Collins: Case of Blood Staining of Cornea (with Microscopical Specimens).

Friday, October 17.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

THE SANITARY INSTITUTE (Parkes Museum, Margaret-st., W.).—8 P.M. Sanitary Building Construction.

Saturday, October 18.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Stewart's Instruments.)

THE LANCET Office, Oct. 9th, 1890.

Date.		Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Oct.	3	30·32	N.W.	53	50	107	68	47	..	Bright
,,	4	30·22	S.W.	59	56	107	69	51	..	Cloudy
,,	5	30·22	W.	59	54	86	66	51	..	Cloudy
,,	6	30·09	W.	59	56	106	69	55	·04	Cloudy
,,	7	30·04	W.	59	58	77	62	57	·03	Raining
,,	8	30·34	N.	53	48	96	62	48	·33	Bright
,,	9	30·57	S.E.	47	47	87	61	45	..	Foggy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

A NOVEL PERCUSSOR.

DR. KABIERSKI of Breslau has invented a novel percussor in the form of a tuning fork with a cylindrical stem, which is held between the finger and thumb, and thin prongs with rounded free extremities for striking the surface of the body. He claims for this instrument that it distinguishes smaller areas from one another than the ordinary method of mediate percussion can do. He has mapped out by its means the varying movements of the apices of the lungs, and believes that he has shown that the boundaries of cardiac dulness as usually given require to be somewhat modified.

Anæsthetist.—Some interesting observations in relation to the introduction of chloroform as an anæsthetic were published in THE LANCET of Aug. 2nd.

Trout.—We must refer our correspondent to the Secretary London Division Volunteer Medical Staff Corps, 62, St. Martin's-lane, E.C.

CERTIFICATES OF STILLBIRTH.

To the Editors of THE LANCET.

SIRS,—I am desirous of bringing the following before your notice.

It appears to have been customary here for the village "midwife" (uncertificated, of course) to give certificates of stillbirth in cases when the children lived but a few hours. This woman has been here many years, and admits that so long as a child lived less than five hours she looked upon it as a case of stillbirth! Recently a case occurred, and it having come to the knowledge of the registrar of births and deaths, he reported it to the coroner, who saw no reason to hold an inquest. No medical man saw the child either alive or dead, and it was buried under a stillborn certificate. Again, some time back an old man was found dead in his bed. I was sent for, and found him quite cold. He had had no medical advice for certainly over two years, but was supposed to have had heart disease. The coroner thought an inquest unnecessary. I need scarcely say the coroner is a member of the legal profession.

I am, Sirs, yours faithfully,

Oct. 4th, 1890. SURGEON.

M.R.C.P.—Guardians can do much as they like in reference to appointments, and the Local Government Board generally confirms their action under the plea that exceptional legislation has been found necessary by the guardians.

MATERNAL IMPRESSIONS.

To the Editors of THE LANCET.

SIRS,—Some few weeks ago I noticed several letters on the above subject in THE LANCET; and as a similar case has occurred recently among my patients, I herewith send you a short account.

Mrs. D——, aged thirty, multipara, when four months' pregnant, was opening the door of a shed in her garden, when a black-and-white collie dog pushed against her and ran away, having been shut up previously by her husband without her being cognisant of the fact. This made a deep impression on her at the time, and she continually, even to the time of her confinement, told her husband that her child would have a mole or be born disfigured in some way. So much did this prey upon her mind that her appetite failed, and she could not bear the sight of any animal, whether out of doors or inside the house. On Sept. 26th I was sent for, and found a footling presentation, the right foot presenting. The breech was in the first position. The pains being feeble and far between, I brought down the other foot, and the child was soon born; but the placenta was adherent throughout the line of its insertion, and required peeling off. I may say when the right foot and leg were born there was great difficulty in keeping them warm, in spite of warm flannels. On examining the child the whole of the right thigh was covered by a mole from the groin to the knee, and entirely encircling the limb. The colour was shiny black, and studded with long white hairs. There was another mole situated over the spine of the left scapula. She became very depressed at the sight of this mole, and would not have the child near her. Had the sight of the collie dog anything to do with this?

I am, Sirs, yours faithfully,

Horley, Surrey. CHARLES F. WILLIAMSON, L.R.C.P., &c.

Japanni.—The translation of the directions appears correct; but is it not possible that an error has been made in the transcription? In foreign writing the numerals employed for 8, 5, and 2 might often be incorrectly interpreted. In the case in point the dose is so large that some such error appears the most probable explanation.

J. W. Rowland.—Probably a letter addressed to the Secretary of the Sociedad de los Estudios Clinicos, Havana, would obtain for our correspondent further information respecting the *fiebre di borras.*

Law.—The question is not a medical one, but one of contract. The solution should not be difficult without recourse to *law.*

"NOCTURNAL ENURESIS."

To the Editors of THE LANCET.

SIRS,—I cannot allow your correspondent's letter, signed "Experto Crede" to pass without protesting against the old-fashioned remedy of a birch-rod for nocturnal enuresis. It is a well-known fact that children have undergone long-continued punishment for wetting the bed when the cause has been ultimately proved to be stone in the bladder. I fail to see how the birching, unless it be severe, can prevent the patient lying on his back, and unless it is administered with no light hand, the other supposed advantages fall to the ground. The object of my letter is to prevent parents resorting to punishment before using every possible means to discover the cause and cure.

I am, Sirs, yours faithfully,

Barton-under-Needwood, Oct. 4th, 1890. CHAS. J. LATHBURY.

M.D.—One's first feeling in regard to such a statement as our correspondent makes is one of incredulity—the impression that he has been misinformed. "M.D." owes it to Mr. X—— to ascertain if he really acted and spoke so uncandidly, and, if so, of course to decline further intercourse with him. But it is safe to be doubtful about the accuracy of such discreditable stories.

Cornubian.—We know of no definition of the word "Physician" that would prohibit a medical graduate of a University from using it as indicating one who is entitled by law to treat diseases; and no College is likely to question such a use of the word.

Mr. T. M. Reid.—We cannot undertake to give legal advice. A solicitor should be consulted.

A RARE COMPLICATION OF GONORRHŒA.

To the Editors of THE LANCET.

SIRS,—Abscess of the corpus spongiosum as a complication of gonorrhœa is rare. Such a case has recently come under my treatment, there being no history whatever of a bruise or any other cause to account for it except the gonorrhœa. This abscess was situated about the middle of the penis, extended on both sides of the urethra, and contained about two drachms of greenish-yellow pus. It did well under treatment, but if the pus had been allowed to make its way into the urethra or externally into the loose cellular tissue a more serious result would have taken place.

I am, Sirs, yours faithfully,

J. H. NANKIVELL, M.R.C.S.

Butterworth, South Africa, Sept. 8th, 1890.

GERMAN PRISON DIETARY.

DRS. KROHNE and LEPPMANN have been investigating the dietary of the great convict prison at Moabit, near Berlin, and their report will be found of interest. The regulation diet was disproportionately framed, there being an excess of carbo-hydrates (677·54 grammes, instead of 500), and a deficiency of fat (24·51 grammes, instead of 56); moreover, there was a great deal too much vegetable albumen. Experiments were made with a view to finding cheap alimentary matters with a larger amount of animal albumen and with fat also cheap, and, further, by limiting the vegetables (coarse rye-bread and potatoes), to leave a margin for improving the quality of the albuminous and fatty foods. In conducting these experiments the regulation price per head per diem was not to exceed 1*s.* 8*d.* Three kinds of nutrients—skim-milk, cheese, and herring—furnished the cheap animal albumen in abundance, while the cheese and herring had the additional merit of being appetising. A cheap fat was found in beef-tallow and suet. This diet proved satisfactory in every respect; above all, it had the advantage of allaying the unappeasable fat-hunger; and the repugnance to prison fare, which grows more intense with the duration of the confinement, became less frequent. At the same time a daily allowance (up to ten grammes) of coffee had a stimulating effect on the appetite; but Drs. Krohne and Leppmann are emphatic in their condemnation of any of the frequent substitutes for coffee. Fish as an element in prison diet they strongly recommend, and if it has failed on trial, they ascribe the result to unintelligent methods of cooking it. By means of a weekly fish diet the prisoner for a moderate outlay has eight grammes more of animal albumen than he would otherwise get from the most favourably constructed dietary, to say nothing of the superiority of fish food in facility of digestion and in appetising quality—a superiority not hitherto attained, in German prisons at least. Drs. Krohne and Leppmann wind up their most instructive report, which has an interest for other besides convict establishments, by insisting on the necessity for adequately seasoning the food.

Messrs. Phillips and Cheesman.—We do not know of any other address than that given in the Medical Register for the present year.

Inquirens.—The case of the coroner's inquiry at Somersham shall receive notice next week.

Mr. Crespi.—We cannot entertain the proposal.

"APPOINTMENTS WITH PHYSICIANS."

To the Editors of THE LANCET.

SIRS,—I feel it but just to testify, in reference to the letter of "G. P." in your last issue, that my individual experience of town consultations, extending now over a period of some thirty years, has been most satisfactory. I usually make a specific appointment beforehand, which has been invariably adhered to, and I have found, even when no such arrangement existed, that the sending in of my card as a provincial practitioner has gained me an earlier admission than could otherwise have been expected. I am, Sirs, yours faithfully,

Coventry, Oct. 6th, 1890. D. MCVEAGH.

Tynemouth.—There is no such thing as a special qualification for massage work. The only way to fit oneself is to study the work under those who practise it, who are now becoming pretty numerous.

Mr. Foulerton.—Our correspondent will see, on reperusal of the paragraph, that nothing is said there implying that the method is a new one.

PRESCRIBING IN THE LAY PRESS.

To the Editors of THE LANCET.

SIRS,—The enclosed was cut from the *Echo* of Sept. 30th. I thought you might like to see it. Would the "beneficial result" be for the patient or the undertaker?

I am, Sirs, yours faithfully,

Brick-lane, E., Oct. 1st, 1890. WM. PROFIT DUKES, M.R.C.S. &c.

"(11,251) COUGH REMEDY FOR AN ADULT.—Go to a respectable chemist and obtain the following mixture:—Paregoric, acetic acid, laudanum, peppermint, oil of aniseed; of each one pennyworth. Take a tablespoonful thrice a day, or when cough is troublesome. Can vouch for a beneficial result.—*J. T.*"

ANOTHER CASE OF CONGENITAL DEFORMITY.

To the Editors of THE LANCET.

SIRS,—The case recorded by Dr. Wallace in THE LANCET of Aug. 30th recalls to my mind a similar example occurring in my own practice. On Nov. 6th, 1886, Mrs. W——, a primipara, was delivered of a healthy girl baby, on whose left hand was a supernumerary little finger, large at its distal end, and reduced to a mere isthmus of skin nearer its point of attachment. The right hand was, however, quite normal.

I am, Sirs, yours faithfully,

Victoria, B.C., Sept. 15th, 1890. MARK S. WADE, M.D.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Andrew, London; Dr. Drzewiecki, Warsaw; Dr. Liddon; Dr. Towers-Smith, London; Sir Wm. Turner, Edinburgh; Dr. Dunlop, Glasgow; Dr. N. Kerr, London; Dr. Rentoul, Liverpool; Dr. J. Grant; Sir Charles Cameron, Dublin; Dr. S. M. Copeman, London; Messrs. Burroughs and Wellcome, London; Dr. Cartaz, Paris; Dr. J. W. Fox, Waltham Abbey; Dr. Beatson, Glasgow; Mr. Pound, Odiham; Mr. T. Christy, London; Mr. Greenhough, Reading; Dr. F. J. Smith; Dr. W. Stirling, Manchester; Mr. C. F. Williamson, Horley; Mr. H. W. Hubbard, London; Dr. L. Stevenson, Carlisle; Dr. Althaus; Messrs. Phillips and Cheesman, Hastings; Mr. A. S. Eccles, London; Dr. Healy, San Francisco; Mr. Thackray, London; Mr. E. Snape; Dr. Macnaughton Jones, London; Mr. Butler, Whitehaven; Dr. A. P. Luff; Mr. Walker Downie, Glasgow; Mr. G. Alexander; Mr. W. G. Nash; Dr. Donald Hood, London; Mr. J. Gibson, Greetland; Dr. Oliver, Newcastle-on-Tyne; Dr. Hugenschmidt, Paris; Mr. H. G. Dixon, Openshaw; Mr. A. Duke, Dublin; Mr. G. H. Fowler, Plymouth; Messrs. Allen and Hanburys, London; Dr. Cave, Crewkerne; Messrs. Mitchell and Co., London; Dr. J. C. H. Dickinson, London; Messrs. G. Street and Co., London; Dr. W. S. Byrne, Brisbane; Dr. Wm. O'Connor, Stoney Stratford; Mr. C. J. Lathbury, Barton-under-Needwood; Mr. Lawson Tait, Birmingham; Dr. J. M. Bennett, Liverpool; Messrs. Burgoyne and Co., London; Dr. D. J. Allen, London; Messrs. Brom, Gould, and Co., London; Surgeon-Major Dobie, Secunderabad; Dr. M. S. Wade, Victoria, B.C.; Mr. V. Jackson, Wolverhampton; Dr. Crespi, Wimborne; Dr. C. W. Jones, Bowdon; Mr. E. A. Piggott, Clare; Mr. F. Griffith, London; Mr. Foulerton, Chatham; Mr. Nankivell, Butterworth, S.A.; Mr. Fegan, Brandon; Dr. Hellier, Leeds; Dr. Woakes, London; Mr. McVeagh, Coventry; Dr. Larsen, Copenhagen; Mr. J. Drummond, Malvern; Dr. Holmden; Mr. Laffan, Cashel; Mr. Snape, London; Surgeon H. Herbert, Aden; Dr. Tirard, London; Mr. A. Cooper, London; Mr. Saunders, Manchester; Mr. Hardcastle, Wolverhampton; Mr. Flather, Cambridge; Mr. Shaw, Dublin; Mr. Frost, London; Mr. Scott, London; Mr. Birchall, Liverpool; Mrs. Hitch, Hollington; Dr. Tatham, Manchester; Mr. Peterson, Flatbush, N.Y.; Mr. Southwood, Dawlish; Mr. Hamilton, Hanley; Mr. J. M. Richards, London; Mr. T. B. Browne, London; Professor Pacchiotti, Turin; Mr. Fowler, Plymouth; Miss Beechcroft, London; Mr. J. R. Whitley, London; Mr. Hawkings, London; Messrs. W. H. Smith and Son, Birmingham; Surgeon Morris, Watford; Messrs. Oppenheimer and Co., London; Rev. Mr. Jagoe, Huddersfield; Messrs. Eason and Son, Dublin; Mr. Smith, Oldham; Dr. Suffern; Mr. Walker, Appleby Bridge; Miss Farrer, Ramsgate; Mr. Bigg, London; Messrs. I. and H. Grace, Bristol; Mr. Craster, Middlesbrough; Messrs. Champneys and Co., London; Dr. Adams, Warrington; Messrs. Robertson and Scott, Edinburgh; Mr. Ashworth, Halstead; Messrs. Orridge and Co., London; Dr. Urquhart, Perth; Mr. Cottingham; Messrs. Lee and Nightingale, Liverpool; Mr. Deeping, Worcester; Messrs. Baelz and Co., London; Mr. W. Hornibrook, London; Messrs. Davies and Co., London; Dr. Willcocks; Dr. R. Bell, Glasgow; Mrs. Wright, Bournemouth; Mr. Maythorn, Ipswich; J. I.; Secretary, St. Mungo's College, Glasgow; Disgusted; Surgeon's Wife; Secretary, County Asylum, Lancs; P. Q. R., London; Beta, London; Secretary, Sanitary Wood Wool Co., London; A. G. H., Birmingham; Secretary, Eye Infirmary, Northumberland; S., Liverpool; Pulsometer Engineering Co., London; Secretary, General Hospital, Nottingham; The Morris Tube Co., London; Sanitas, London; Secretary, Jessop Hospital for Women, Sheffield; K. M., London; Secretary, Norfolk and Norwich Hospital; R. J. B., London; Medical Superintendent, St. Andrew's Hospital, Notts; M.B., London; Sanitary Science, London; Maltine Co., Bloomsbury; Medicus, London; *Pacific Medical Journal*, San Francisco; Alpha, Blackpool; Sanitas Co., Limited, London; Great Tower-street Tea Company; Question; Glossop; Secretary, Borough Asylum, Notts; Secretary, General Hospital, Cheltenham; Secretary, East Suffolk Hospital; M.D.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Owen, Holloway; Mr. Letters, Kenmare; Mr. Beattie, Darlington; Mr. J. Clarke, Egremont; Miss Bradon, Plymouth; Messrs. Heywood, Manchester; Mr. Purland, Woolwich; Lady Haines, London; Mr. Tyte, Minchinhampton; Rev. Mr. Hudson, Clacton-on-Sea; Dr. Richards, Ledbury; Dr. Waterhouse, Sheffield; Mr. Harris, Bristol; Mr. Tully, Hastings; Dr. Lloyd, Llanarthney; Mr. Davies, Salop; Mr. Laird, Hampton-on-Thames; Mr. Daniell, Peterborough; Mr. Elliott, Ebbw Vale; Mr. Davies, Longton; Mr. Forbes, Barnsley; Messrs. Lee and Martin, Birmingham; Rev. Mr. Reuth, Worcester; Messrs. Keith and Co., Edinburgh; Mrs. Gaskoin, Bedford: Mr. Heim; Messrs. Read and Co., Bristol; Mr. Deacon, Manchester; Mr. Brett, Bridlington Quay; Dr. Lawson, Yorks; Dr. Holmes, Southam; Mr. Foulston, Liverpool; Mr. Keens, Luton; Miss Greg, Brighton; Dr. Hubbersty, Wolverhampton; Mr. Branthwaite, Halesowen; Dr. Joynson, Northwich; Dr. Colby, Malton; Mr. Walker, Aberdeen; Dr. Mair, Bayswater; Mr. Harwood, London; Mr. Rawson, Thornton; Mr. Swanton, London; Mr. Bromley, Essex; Mr. Maish, Bristol; Mr. Heywood, Manchester; Mr. Gaham, Margate; Mr. Hewett, London; Mr. Deeley, Blackburn; Mr. Marsden, Edinburgh; Messrs. Wall and Sons, Wigan; M.D., Northampton; Opening, London; C. N., London; A. H. S., West Brompton; Owner, Shepherd's-bush; Sussex, Londo n; Matron, Guest Hospital, Dudley; Alpha, M.D., London; Royal Medical Benevolent College, London; Oxonian, London; Miss B., Plymouth; Laxton House, Fulham; C. C. W., London; H. E., Wilmslow; Matron, South Devon Hospital; Companion, Westmoreland; Medicus, Newcastle-on-Tyne; E. S. Z., London; N. Y., London; Alpha, Brighton; Spes, London; P., Bath; S. M., Liverpool; Medicus, Folkestone; Surgeon, Southsea; Assistant, Manchester; Doctor, Monmouth; Prudential, London; S. M., London; Dr. A., London; Gamma, London; S. L., London; Mrs. K., Margate; Dexter, London; R. S., London; Sigma, London; A. B., South Norwood; Victorinus, London; Medicus, Margate; Theta, London; Box, London; Certainty, London; Doctor, Chelsea; Fides, London; M. M., London.

NEWSPAPERS.—*Ulverston News, Isle of Wight Mercury, Bristol Times, Sheffield Telegraph, Liverpool Daily Post, The Child's Guardian, Leeds Mercury, Trade, Finance, and Recreation, Northern Weekly Leader, Birmingham Gazette, Newcastle Chronicle, Manchester Guardian, City Press, Scottish Leader, Fairplay, Bristol Mercury, Belfast News Letter, News, Mining Journal, Windsor and Eton Gazette, Liverpool Mercury, Hertfordshire Mercury, Weekly Free Press and Aberdeen Herald, Local Government Chronicle, Sunday Times, Reading Mercury, Windsor and Eton Express, Surrey Advertiser, Builder, Kilkenny Journal, Broad Arrow, West Middlesex Standard, Metropolitan, Chemist and Druggist, Guy's Hospital Gazette, Architect, St. James's Gazette, Retford News, Spectator, Devon Evening Express, New York Tribune, Law Journal, Sydney Morning Herald, West Middlesex Advertiser, Saturday Review, Evening News and Post, Daily Telegraph (Sydney), Star, Scotsman, Pharmaceutical Journal, Evening Telegram (Toronto), Eastbourne Standard, Midland Evening News, Farm and Home, Society Times, County Gentleman, Era, Englishman, Bombay Gazette, Irish Times, Cheltenham Chronicle, Galloway Advertiser, Rock, Dundee Advertiser, Financial News, Pall Mall Gazette, Agricultural Economist, New York Herald, Quebec Morning Chronicle, Warehouseman, Whitehaven News, United Service Gazette, Tunbridge Wells Advertiser, Christian World, Licensed Victuallers' Mirror, Yorkshire Herald, St. Helens Newspaper, Whitstable Times, Consett Guardian, Galignani's Messenger, Western Morning News, Aberdeen Journal, Montreal Gazette, The Schoolmaster Ilfracombe Chronicle*, &c., have been received.

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